10/10/2008 14:15

Image# 28933438108

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORIWI 3X	For Othe	er Than An	Authorize	d Committ	tee		Office Use C	Only
NAME OF COMMITTEE (in full)		MAILING LAI OR PRINT		ample:If typing er the lines	g, type			
AMERICAN ASSOCIATIO	N OF ORTH	ODONTISTS	POLITICAL A	CTION COMI	MITTEE			
ADDRESS (number and street)	401 N.	Lindbergh Blvd						
Check if different than previously reported. (ACC)	St. Lou	is				MO	6314	<u> </u>
2. FEC IDENTIFICATION NU	MBER 🖫	,	CITY 🛋		;	STATE	ZIF	PCODE A
C00293910			3. IS THIS REPORT		NEW (N) <b>OR</b>		AMENDED (A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report( July 15 Quarterly Report( X October 15 Quarterly Report( January 31 Quarterly Report( July 31 Mid-Year Report(Non-elect Year Only) (MY)  Termination Report(TER)	Q1) (c) (Q2) (d)	PRE-Election Report for t  30-Day Post -Election Report for t	Election on		(12C)	Se O	in St	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)  the ate of  Special (30S) the ate of
5. Covering Period	7 0	200	8	through	0 9	30	2008	
I certify that I have examined this Type or Print Name of Treasure		to the best of r s R. Bowlin	ny knowledge	and belief it is	true, correct	and complete	э.	
	onically Filed	-	R. Bowlin			ate 1		2008
NOTE : Submission of false, en	oneous, or in	complete infor	mation may s	ubject the pers	on signing thi	s Report to t	ne penalties of	2 U.S.C 437g.
Office Use							FEC F	ORM 3X

FE6AN026

# SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)		Page 2
۷	Vrite or Type Committee Name AMERICAN ASSOCIATION OF ORTHODON	ITISTS POLITICAL ACTION COM	MITTEE
F	Report Covering the Period: From:	01 2008	To: 0 9 3 0 2 0 0 8
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž008 Y Y		204282.26
	(b) Cash on Hand at Begining of Reporting Period	121944.74	
	(c) Total Receipts (from Line 19)	207505.00	267667.48
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	329449.74	471949.74
7.	Total Disbursements (from Line 31)	69000.00	211500.00
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	260449.74	260449.74
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

### AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

0 1 3<sup>D</sup>0 м м 0 7 м м 0 9 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 231875.00 189075.00 (i) Itemized (use Schedule A) .......... 18430.00 28605.00 (ii) Unitemized ..... (iii) TOTAL (add 207505.00 260480.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 207505.00 260480.00 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 7187.48 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 207505.00 267667.48 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 207505.00 267667.48 (subtract Line 18(c) from Line 19) .....

## **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

**COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures..... (c) Total Operating Expenditures 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 206500.00 69000.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) ......... 0.00 5000.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 69000.00 211500.00 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 69000.00 211500.00 from Line 31).....

# **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	207505.00	260480.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	207505.00	260480.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person an ame and address of any political committee to HODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. David E. Smith  Mailing Address 31550 Paseo Goleta		Date of Receipt
	7.0.1	07 02 2008
City Temecula	State Zip Code CA 92592	Transaction ID: 4488224  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 92592	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Hugh R. Phillis	1	Date of Receipt
Mailing Address 10 Poliquin Dr		0 7 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4488225
Nashua	NH 03062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Earle E. Edwards, III		Date of Receipt
Mailing Address 325 E Del Monte Ave PO Box 696		07 02 YYYY 2008
City <u>Clewiston</u>	State Zip Code FL 33440	Transaction ID: 4488226  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	fe	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 246 (check only one)    X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORT			on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>.</b> .	Full Name (Last, First, Middle Initial) Dr. Michael G. Steinberg  Mailing Address 33 Rippling Brook Dr			Date of Receipt
	City	State NJ	Zip Code	0 7 0 2 2 0 0 8 Transaction ID: 4488228
	Short Hills  FEC ID number of contributing federal political committee.	C	07078-1326	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupation Orthodontist Aggregate Yea		
_	Primary General Other (specify) ▼	0 0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Dr. David C. Spokane  Mailing Address 108 Brian Dr			Date of Receipt  0 7 0 2 2 0 0 8
	City	State	Zip Code	Transaction ID: 4488229
	Beaver FEC ID number of contributing federal political committee.	PA C	15009-9794	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupation Orthodontist		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 750.00	
	Full Name (Last, First, Middle Initial) Dr. Derick T. Tagawa			Date of Receipt
	Mailing Address 9331 Monte Puesto D			07 08 2008
	City Whittier	State CA	Zip Code 90603	Transaction ID: 4537563  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodontist		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		750.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and Stor for commercial purposes, other than using the	atements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 8 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  In for the purpose of soliciting contributions
<b>A</b> .	NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTHO  Full Name (Last, First, Middle Initial)  Dr. Eric R. Nease  Mailing Address 2455 E Main St			
	City Spartanburg FEC ID number of contributing federal political committee.	State SC	Zip Code 29307	Transaction ID: 4537566  Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupatio Orthodor Aggregate		
В.	Full Name (Last, First, Middle Initial) Dr. Budd Rubin Mailing Address City	State	Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:	Occupation Orthodor Aggregate		Amount of Each Receipt this Period  250.00
_	Primary General Other (specify)  Full Name (Last, First, Middle Initial)	0 0	750.00	
C.	Dr. Burton Louis Hagler  Mailing Address 1777 Cedar Ridge Dr  City  Spring Valley  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	State OH C Occupation Orthodor Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  2 1 2 0 0 8  Transaction ID: 4580246  Amount of Each Receipt this Period  250.00
	SUBTOTAL of Receipts This Page (optional)			750.00

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 246 (check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X   11a			
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	I y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)						
AMERICAN ASSOCIATION OF ORTH	ODONTIST	S POLITICAL ACTION COM	MITTEE			
Full Name (Last, First, Middle Initial) Dr. David C. Small			Date of Receipt			
Mailing Address 7769 Pinecone Ln			07 21 2008			
City	State	Zip Code	Transaction ID: 4580247			
<u>Hickory</u>	NC	28602	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Self-Employed	Occupatio Orthodor					
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr. Shane L. Schvaneveldt			Date of Receipt			
Mailing Address 2111 Candlewood Ave			07 21 2008			
City	State	Zip Code	Transaction ID: 4580248			
Twin Falls	ID	83301	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Self-Employed	Occupatio Orthodor					
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr. Gregory V. Wadden			Date of Receipt			
Mailing Address 159 Frederick Ct			07 21 2008			
City	State	Zip Code	Transaction ID: 4580249			
Los Altos	CA	94022-3018	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Self-Employed	Occupatio Orthodor					
Receipt For:		e Year-to-Date ▼				
Primary General Other (specify) ▼	0 0	250.00				
SUBTOTAL of Receipts This Page (optional)			750.00			

TOTAL This Period (last page this line number only) .....

 $\triangleright$ 

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 10 / 246   (check only one)     X   11a		
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.		
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF OF					
Full Name (Last, First, Middle Initial) Dr. Warren T. Johnson, Jr.			Date of Receipt		
Mailing Address 2211 Shannon Dr					
City	State	Zip Code	0 7 2 1 2 0 0 8 Transaction ID: 4580250		
Murfreesboro FEC ID number of contributing federal political committee.	C	37129	Amount of Each Receipt this Period 250.00		
Name of Employer Self-Employed	Occupation Orthodor				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Louis G. Chmura			Date of Receipt		
Mailing Address 604 Laura Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Marshall	State MI	Zip Code	Transaction ID: 4580251		
FEC ID number of contributing federal political committee.	C	49068	Amount of Each Receipt this Period 250.00		
Name of Employer Self-Employed	Occupation Orthodor				
Receipt For:  Primary General  Other (specify) ▼	- <del>  '</del>	Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Robert (Tito) Alan Norris	<b> </b>		Date of Receipt		
Mailing Address 244 Canada Verde			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 4580252		
San Antonio  FEC ID number of contributing federal political committee.	C	78232	Amount of Each Receipt this Period 250.00		
Name of Employer Self-Employed	Occupation Orthodor				
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00			
	<u> </u>		750.00		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to THODONTISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Charles E. Pritchett  Mailing Address 13438 Pilot Ln  City McCordsville  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code IN 46055  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Charles K. Wear  Mailing Address 5350 Idlewood Rd  City Santa Rosa  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General	State Zip Code CA 95404  C  Occupation Orthodontist  Aggregate Year-to-Date ▼	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Catherine Cavanaugh Mailing Address 714 Stevens Creek  City Forsyth  FEC ID number of contributing federal political committee.  Name of Employer Solf-Employed	State Zip Code IL 62535  C Occupation	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Self-Employed  Receipt For: Primary General Other (specify)	Orthodontist  Aggregate Year-to-Date ▼  250.00	750.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS	fo	Use separate schedule(s) or each category of the Oetailed Summary Page	FOR LINE NUMBER: PAGE 12 / 246 (check only one)    X
or fo	r information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address	s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORTI	HODONTISTS P	OLITICAL ACTION COI	MMITTEE
<u>!</u>	Full Name (Last, First, Middle Initial) Dr. Lawrence S. Harte			Date of Receipt
ľ	Mailing Address 100 W Mount Pleasar	nt Ave		07 21 2008
(	City	State	Zip Code	Transaction ID: 4580256
	Livingston	NJ	07039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
<u>1</u> !	Name of Employer Self-Employed	Occupation Orthodontist		
Ī	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Daniel C. Peavy, Jr.			Date of Receipt
ľ	Mailing Address 627 Lamont			07 21 YYYY 2008
(	City	State	Zip Code	Transaction ID: 4580257
3	San Antonio	TX	78209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
1	Name of Employer Self-Employed	Occupation Orthodontist		
Ī	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. W. Jerry Capps			Date of Receipt
N	Mailing Address 11044 Big Canoe			07 21 2008
	City	State	Zip Code	Transaction ID: 4580259
2	Jasper	GA	30143-5142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
<u>1</u> !	Name of Employer Self-Employed	Occupation Orthodontist		
Ī	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 250.00	
	IBTOTAL of Receipts This Page (optional) .	1		650.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 246 (check only one)    X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any perso g the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Samuel B. Mayfield Mailing Address 5124 North Dr		Date of Receipt
City	State Zip Code	0 7 2 1 2 0 0 8  Transaction ID: 4580262
Moss Point	MS 39563	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kerry W. Kirsch		Date of Receipt
Mailing Address 928 Winterset Rd		0 7 2 1 2 0 0 8
City	State Zip Code	Transaction ID: 4580263
Ebensburg	PA 15931	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Harold J. Koppel		Date of Receipt
Mailing Address 110 Jeff Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hot Springs	State Zip Code AR 71901-7253	Transaction ID: 4580264  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	ial)	750.00

,	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 246
	TEMIZED RECEIPTS		for each category of the	(check only one)
	I EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotallog Callillary Lago	13 14 15 16 17
Γ	Any information copied from such Reports and Stat	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
	or for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
<b> </b>	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTHO		S DOLITICAL ACTION CON	MAITTEE
	AMERICAN ASSOCIATION OF ORTHO	DONTIST	5 POLITICAL ACTION COM	IIVIIIIEE
	Full Name (Last, First, Middle Initial)			Patrick Provide
Α.	Dr. Larson R. Keso	Date of Receipt		
	Mailing Address 3001 Ridgewood Dr	07 21 2008		
	City	State	Zip Code	Transaction ID: 4580265
	Edmond	OK	73013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	 1	-
	Name of Employer Self-Employed	Orthodor		
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General	33 -3-11	<del></del>	1
	Other (specify) ▼		250.00	
				· [
- В.	Full Name (Last, First, Middle Initial) Dr. Randy Wright			Date of Receipt
٥.	Mailing Address 1460 Keim Cir			M M / D D / Y Y Y Y
				07 21 2008
	City	State	Zip Code	Transaction ID: 4580266
	Geneva	IL	60134	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodon		
	Possint For			_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
	Cirier (specify)		0 0 0 0 0 0 0	
-	Full Name (Last, First, Middle Initial)			
C.	Dr. Douglas M. Brown			Date of Receipt
	Mailing Address 581 Contra Costa Way			M M / D D / Y Y Y
				07 21 2008
	City	State	Zip Code	Transaction ID: 4580267
	Claremont	CA	91711-2205	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	า	$\dashv$
	Self-Employed	Orthodor		
	Receipt For:		Year-to-Date ▼	-
	Primary General	7.99.094.0		1
	Other (specify) ▼		250.00	
				'
Γ	L			
	SUPTOTAL of Descints This Desc (antional)			750.00
L	SUBTOTAL of Receipts This Page (optional)		······	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 246 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Thomas J. McGowan  Mailing Address 5376 W Lake Dr		Date of Receipt  0 7 2 1 2 0 0 8
City West Bend FEC ID number of contributing	State Zip Code WI 53095	Transaction ID: 4580268  Amount of Each Receipt this Period  250.00
Receipt For:  Primary  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	]
Full Name (Last, First, Middle Initial) Dr. Robert L. Wilhelm Mailing Address 1374 Top O The Ro	ock Way	Date of Receipt  0 7 2 1 2 0 0 8
City	State Zip Code	Transaction ID: 4580269
Monument  FEC ID number of contributing federal political committee.	CO 80132	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	]
Full Name (Last, First, Middle Initial) Dr. D. Gary Mobley Mailing Address 500 Verna Ln		Date of Receipt
City	State Zip Code	07 21 2008
<u>Denison</u>	TX 75020-4130	Transaction ID: 4580271  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional		750.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form STEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to DRTHODONTISTS POLITICAL ACTION CO	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Seuss Kassisieh Mailing Address 16283 N 109th S  City Scottsdale  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	State Zip Code AZ 85255  C Occupation Orthodontist	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael B. Rogers Mailing Address 3214 Candace D		Date of Receipt  0 7 2 1 2 0 0 8
City  Augusta  FEC ID number of contributing federal political committee.	State Zip Code GA 30909	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date ▼  750.00	
Full Name (Last, First, Middle Initial) Dr. Edward Y. Lin Mailing Address 555 Main Ave #2	05	Date of Receipt  0 7 2 1 2 0 0 8
City  De Pere	State Zip Code WI 54115	Transaction ID: 4580274  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	Occupation	250.00
Receipt For: Primary General Other (specify)	Orthodontist  Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and	Use separate sche for each category o Detailed Summary	of the Page X 11a 11b 11c 12 13 14 15 16 17  y any person for the purpose of soliciting contributions
or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORT  Full Name (Last, First, Middle Initial)	e name and address of any political co	ION COMMITTEE
Dr. S. Grayson Eddy, Jr.  Mailing Address 5148 Buckhead Trail		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City Knoxville	State Zip Code TN 37919	Transaction ID: 4580276  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
Full Name (Last, First, Middle Initial) Dr. John Charles Pritchett	1	Date of Receipt
Mailing Address 11980 Bluestone Dr		07 DD / YYYY 21 2008
City	State Zip Code	Transaction ID: 4580278
<u>Indianapolis</u>	IN 46236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
Full Name (Last, First, Middle Initial) Dr. Chester E. Spencer, Jr.	1	Date of Receipt
Mailing Address 3742 Greenhollow		07 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Grand Prairie	State Zip Code TX 75051	Transaction ID: 4580279  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	50.00
SUBTOTAL of Receipts This Page (optional)	1	1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 246 (check only one)    X   11a
An or i	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\angle$	AMERICAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION CON	MMIIIEE 
۹.	Full Name (Last, First, Middle Initial) Dr. George C. Chipain			Date of Receipt
	Mailing Address 421 Barclay Ct			07 21 2008
	City	State	Zip Code	Transaction ID: 4580280
	Elmhurst	IL	60126-2843	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Sheela Kudchadker			Date of Receipt
<b>,.</b>	Mailing Address 11708 Summer Spring	gs Dr		0 7 2 1 2 0 0 8
	City	State	Zip Code	Transaction ID: 4580283
	Pearland	TX	77584	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— ).	Full Name (Last, First, Middle Initial) Dr. Catherine Oden Fulton			Date of Receipt
	Mailing Address 215 Brooke Ave #904			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 4580284
	Norfolk  550 ID analysis of analytication	VA	23510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
S	JBTOTAL of Receipts This Page (optional)			750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH			
	Full Name (Last, First, Middle Initial) Dr. Shawn Lehman-Grimes		31 OLITICAL ACTION CON	Date of Receipt
Α.	Mailing Address 304 N Oak St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Springfield	State TN	Zip Code 37172	Transaction ID: 4580286  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07172	500.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 625.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Mario Polo Mailing Address B10 Neptuno			Date of Receipt
	Mailing Address B10 Neptuno Paseo de la Fuente			07 21 2008
	City	State	Zip Code	Transaction ID: 4580297
	San Juan	PR	00918	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:	, ,	e Year-to-Date <b>V</b>	
	Primary General Other (specify) ▼	33 13	250.00	
С. С.	Full Name (Last, First, Middle Initial) Dr. Martin S. Levitt			Date of Receipt
	Mailing Address 50 Franklin St			07 21 2008
	City	State	Zip Code	Transaction ID: 4580298
	Tenafly	NJ	07670	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
Ţ	SUBTOTAL of Receipts This Page (optional)		<b>__</b>	1000.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 246 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF O	g the name and add	lress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Anthony Rinaldi  Mailing Address 5755 Richmond Pa	ark Dr		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Mason  FEC ID number of contributing	State OH	Zip Code 45040	Transaction ID: 4580299  Amount of Each Receipt this Period  250.00
Receipt For:  Primary  Other (specify) ▼	Occupation Orthodon		
Full Name (Last, First, Middle Initial) Dr. Michael J. Rovner  Mailing Address 812 38th Street			Date of Receipt  0 7 2 1 2 0 0 8
City	State	Zip Code	Transaction ID: 4580300
West Des Moines  FEC ID number of contributing federal political committee.	C	50265	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For: Primary General	Occupation Orthodon Aggregate		1
Full Name (Last, First, Middle Initial)  Dr. Pamela Johnson  Mailing Address 5448 Bending Oak	s Pl	200.00	Date of Receipt
		Zin Codo	07 21 2008
City Downers Grove	State IL	Zip Code 60515	Transaction ID: 4580301  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon	tist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 246
		for each category of the	(check only one)
ı	I EIVIIZED NECEIP I 3	Detailed Summary Page	X 11a 11b 11c 12
		, 1, 1,	13 14 15 16 17
	Any information copied from such Reports and Stator for commercial purposes, other than using the na	ements may not be sold or used by any person	n for the purpose of soliciting contributions
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	or for commercial purposes, other than using the nation NAME OF COMMITTEE (In Full)	ime and address of any political committee to	solicit contributions from such committee.
'	` ′		
	AMERICAN ASSOCIATION OF ORTHO	DONTISTS POLITICAL ACTION COM	MITTEE
Д. А.	Full Name (Last, First, Middle Initial) Dr. Douglas A. Kirkpatrick		Date of Receipt
	Mailing Address 8717 S. Evanston		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 4580302
	Tulsa	OK 74137	Amount of Each Receipt this Period
	FEC ID number of contributing		050.00
	federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation	1
		Orthodontist	4
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
	Other (specify)		
_ В.	Full Name (Last, First, Middle Initial) Dr. Louis J. Hardy		Date of Receipt
	Mailing Address 34 Silver Ridge		M M / D D / Y Y Y Y
	011	01-1- 7-0-1-	07 21 2008
	City	State Zip Code	Transaction ID: 4580303
	Veazie	ME 04401-7080	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation	1
	Seil-Employed	Orthodontist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	250.00	
	Other (specify) ▼	250.00	
_	Full Name (Last, First, Middle Initial)		Patrick Provide
C.	Dr. Terry Tippin  Mailing Address 4694 Carlton Dunes Dr #	4	Date of Receipt
	Mailing Address 4694 Carlton Dunes Dr #	4	07 21 2008
	City	State Zip Code	Transaction ID: 4580304
	Fernandina Beach	FL 32034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:	Aggregate Year-to-Date ▼	7
	Primary General		
	Other (specify) ▼	250.00	
Г			
	SUBTOTAL of Receipts This Page (optional)		750.00
	SODICIAL OF NECERPLS THIS FAGE (OPHORIAL)	<u> </u>	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  Dr. Man P. Hebitah  Mailing Address 31 Virginia Ave  City State Zip Code Binghamton NY 13895  FEC ID number of contributing federal political committee.  City State Zip Code WA 98388  FEC ID number of contributing federal political committee.  City State Zip Code WA 98388  FEC ID number of contributing federal political committee.  City State Zip Code WA 98388  FEC ID number of contributing federal political committee.  City State Zip Code WA 98388  FEC ID number of contributing federal political committee.  City State Zip Code WA 98388  FEC ID number of contributing federal political committee.  City State Zip Code WA 98388  FEC ID number of contributing federal political committee.  City State Zip Code Primary General Aggregate Vear-to-Date Primary Self-Employed  City State Zip Code City State Zip C	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Dr. Mark P. Hatala  Malling Address 31 Virginia Ave  City State Zip Code Binghamton NY 13905  FEC ID number of contributing federal political committee.  C C C C C C C C C C C C C C C C C C C	NAME OF COMMITTEE (In Full)		
City Binghamton NY 13905 FEC ID number of contributing federal political committee.    C			Date of Receipt
Binghamton	Mailing Address 31 Virginia Ave		07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
PEC ID number of contributing federal political committee.   C	-	•	Transaction ID: 4580305
Same of Employer   Cocupation   Cocupation   Cothodontist		NY 13905	Amount of Each Receipt this Period
Primary   General   Aggregate Year-to-Date ▼   250.00		C	250.00
Primary General Other (specify) ▼	Name of Employer Self-Employed	·	
Full Name (Last, First, Middle Initial) Dr. Brent Hassel Mailing Address 50 West Shore Ct  City State Zip Code WA 98388  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Other (specify) ▼  City State Zip Code Primary General Other (specify) ▼  City State Zip Code Transaction ID: 4580306  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 4580306  Amount of Each Receipt this Period  Date of Receipt To:  Aggregate Year-to-Date ▼  Date of Receipt  Date of Receipt  Transaction ID: 4580308  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 4580308  Transaction ID: 4580308  Transaction ID: 4580308  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 4580308  Transaction ID: 4580308  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 4580308  Transaction ID: 4580308  Amount of Each Receipt this Period  EC  Date of Receipt  Transaction ID: 4580308  Amount of Each Receipt this Period  Each Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Date of Receipt  Aggregate Year-to-Date ▼  250.00	Primary General		
Dr. Brent Hassel  Mailing Address 50 West Shore Ct  City State Zip Code Steilacoom WA 98388  FEC ID number of contributing federal political committee.  C C C Cocupation Orthodontist  Receipt For: Primary General City State Zip Code Orthodontist  Aggregate Year-to-Date ✓ City State Zip Code Orthodontist  Aggregate Year-to-Date ✓ City State Zip Code Transaction ID: 4580306  Amount of Each Receipt this Period  Date of Receipt Transaction ID: 4580306  Amount of Each Receipt this Period  Date of Receipt Transaction ID: 4580306  Amount of Each Receipt this Period  Full Name (Last, First, Middle Initial) Dr. Shelia Birth Mailing Address 2802 Summertree Ln  City State Zip Code TX 76034-5136  FEC ID number of contributing federal political committee.  C C Transaction ID: 4580308  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C 250.00	Other (specify) ▼	250.00	
City Steilacoom Steilacoom Steilacoom Steilacoom Steilacoom FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Other (specify) ▼  City State Zip Code WA 98388  Transaction ID: 4580306 Amount of Each Receipt this Period  Z50.00  Date of Receipt  Transaction ID: 4580308  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 4580308  Amount of Each Receipt this Period  Transaction ID: 4580308  Transaction ID: 4580308  Transaction ID: 4580308  Amount of Each Receipt this Period  Transaction ID: 4580308  Transaction ID: 4580308  Amount of Each Receipt this Period  Transaction ID: 4580308  Transaction ID: 4580308  Transaction ID: 4580308  Amount of Each Receipt this Period  Transaction ID: 4580308  Transaction I			Date of Receipt
Steilacoom WA 98388  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Other (specify) ▼  City Collevville  FEC ID number of contributing federal political committee.  State Zip Code TX 76034-5136  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Collevville  Receipt For:  Name of Employer Self-Employed  Occupation Orthodontist  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 4580308  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Transaction ID: 4580308  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Z50.00	Mailing Address 50 West Shore Ct		
FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼  City State Zip Code TX 76034-5136  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  City State Zip Code TX 76034-5136  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Occupation Orthodontist  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼	City	State Zip Code	Transaction ID: 4580306
Name of Employer Self-Employed Orthodontist  Receipt For:	Steilacoom	WA 98388	Amount of Each Receipt this Period
Receipt For:		C	250.00
Primary General Other (specify) ▼    Date of Receipt	Name of Employer Self-Employed	_ I _ ·	
Dr. Sheila Birth  Mailing Address 2802 Summertree Ln  City State Zip Code Colleyville TX 76034-5136  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify) ▼  Date of Receipt  M M M M D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General		
City Colleyville TX T6034-5136  C C Colleyville TX T6034-5136  Amount of Each Receipt this Period  C C Cocupation Orthodontist  Receipt For: Primary Other (specify) ▼  Primary Other (specify) ▼  C C C C C C C C C C C C C C C C C C	,		Date of Receipt
Colleyville  TX 76034-5136  Amount of Each Receipt this Period  EC 250.00  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  250.00	Mailing Address 2802 Summertree Ln		
FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Occupation Orthodontist  Receipt For: Primary General Other (specify)  Other (specify)   250.00			Transaction ID: 4580308
Federal political committee.  Name of Employer Self-Employed  Occupation Orthodontist  Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  250.00	· · · · · · · · · · · · · · · · · · ·	TX 76034-5136	Amount of Each Receipt this Period
Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  250.00		C	250.00
Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  250.00	Name of Employer Self-Employed	_ I _ ·	
Other (specify) ▼ 250.00		Aggregate Year-to-Date ▼	
750.00	_	250.00	
· /mii.iii.		<u> </u>	750.00

	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 246 (check only one)    X
or fo	r information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	e name and add	dress of any political committee to	o solicit contributions from such committee.
A	Full Name (Last, First, Middle Initial) Dr. D. Steve Norris  Mailing Address 3010 River Oaks Dr  City  Monroe  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	State LA C	Zip Code 71201	Date of Receipt    M M   D D   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Receipt For: Primary General Other (specify)	Orthodor Aggregate	e Year-to-Date ▼ 250.00	
B. !	Full Name (Last, First, Middle Initial) Dr. Paul Nelson  Mailing Address 16508 9th PI NW  City	State	Zip Code	Date of Receipt  0 7 2 1 2 0 0 8  Transaction ID: 4580310
-      -	Seattle FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	WA C	98177	Amount of Each Receipt this Period 250.00
_	Self-Employed *  Receipt For:  Primary General  Other (specify) ▼	Orthodor Aggregate	ntist  • Year-to-Date ▼  250.00	
)	Full Name (Last, First, Middle Initial) Dr. Richard G. Rosenbloom Mailing Address 36 Angelo Blvd.	- <b>I</b>		Date of Receipt  0 7 2 1 2 0 0 8
<u>-</u> I	City Poughkeepsie FEC ID number of contributing federal political committee.	State NY	Zip Code 12603	Transaction ID: 4580312  Amount of Each Receipt this Period  150.00
	Name of Employer Self-Employed Receipt For:	Occupation	ntist	
	Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
su	IBTOTAL of Receipts This Page (optional)			650.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers the name and address of any political committee t	
AMERICAN ASSOCIATION OF OR	THODONTISTS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial) Dr. William A. Mehan		Date of Receipt
Mailing Address 344 Webster St		07 21 7 2008
City	State Zip Code	Transaction ID: 4580313
Manchester	NH 03104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Robert S. Strange		Date of Receipt
Mailing Address 606 Lasswell Ct SW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4580314
Leesburg	VA 20175	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Michael J. Kehoe		Date of Receipt
Mailing Address 3160 Hosner Rd		07 21 2008
City	State Zip Code	Transaction ID: 4580315
Dryden	MI 48428-9783	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
CURTOTAL of Descipts This Dags (antional	)	650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	HODONTIST	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) Dr. Gary D. Sexson, II			Date of Receipt
Mailing Address 9315 Nicklaus Ln			07 21 2008
City	State	Zip Code	Transaction ID: 4580316
Crystal Lake	<u>IL</u>	60014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodol		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John M. Kelley, Jr.			Date of Receipt
Mailing Address 2321 Winton Terrace	West		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4580317
Fort Worth	TX	76109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodol		
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Ernest S. Melanson			Date of Receipt
Mailing Address 37 Chiltern Hill Dr N			07 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Worcester	State MA	Zip Code 01609	Transaction ID: 4580318  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Self-Employed	Occupation		
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			650.00

TOTAL This Period (last page this line number only) .....

 $\triangleright$ 

В.

C.

			· · · · · · · · · · · · · · · · · · ·
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 246 (check only one)
ITEMIZED RECEIPTS		for each category of the	
		Detailed Summary Page	X 11a   11b   11c   12
		, ,	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
AMERICAN ASSOCIATION OF ORTH	ODONTIST	S POLITICAL ACTION CON	MITTEE
Full Name (Last, First, Middle Initial) Dr. Gary R. Wolf			Date of Receipt
Mailing Address 204 S Main St			07 21 2008
City	State	Zip Code	Transaction ID: 4580319
Milan	ОН	44846-9761	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	110100701	250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General	7 1991 094110	<del></del>	1
Other (specify) ▼		250.00	
		0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial) Dr. Courtney Dunn			Date of Receipt
Mailing Address 16130 W Devonshire A	VE		M M / D D / Y Y Y Y
City	State	Zip Code	07 21 2008
•		•	Transaction ID: 4580320
Goodyear	AZ	85338	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:	Aggregate	Year-to-Date	
Primary General Other (specify) ▼			1
		250.00	
Full Name (Last, First, Middle Initial) Dr. Robert H. Perry			Date of Receipt
Mailing Address 3109 North Hills Blvd			07 21 7 2008
City	State	Zip Code	Transaction ID: 4580321
Corinth	MS	38834-4911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:	-	Year-to-Date ▼	$\dashv$
Primary General	Aggregate	; i cai-lu-Dale ▼	1
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

TOTAL This Period (last page this line number only) .....

 $\triangleright$ 

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	he (check only one)
Any information copied from such R or for commercial purposes, other th	eports and Statements may not be sold or used by a an using the name and address of any political com	any person for the purpose of soliciting contributions imittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full AMERICAN ASSOCIATION	OF ORTHODONTISTS POLITICAL ACTIC	ON COMMITTEE
Full Name (Last, First, Middle Ini Dr. Kenneth G. Purvis	ial)	Date of Receipt
Mailing Address RD 2 Box 35	54A	07 21 2008
City Ligonier	State Zip Code PA 15658-9547	Transaction ID: 4580329
FEC ID number of contributing federal political committee.	C 13636-9347	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Ini Dr. Alan W. Irvin	ial)	Date of Receipt
Mailing Address 106 Elmwoo	od Dr	0 7 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Greensboro	State Zip Code NC 27408	Transaction ID: 4580330
FEC ID number of contributing federal political committee.	C 27498	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Ini Dr. Darren B. Ravassipour	ial)	Date of Receipt
Mailing Address 149 Littrell [	)r	0 7 2 1 2 0 0 8
City Medford	State Zip Code OR 97504	Transaction ID: 4580331
FEC ID number of contributing federal political committee.	OR 97504	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
CURTOTAL of Possints This Poss	(optional)	750.00

CHEDULE A (FEC Form 3X FEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 28 / 246   (check only one)
ny information copied from such Reports and r for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF OR		• •	
Full Name (Last, First, Middle Initial) Dr. Bryan P. Horsley			Date of Receipt
Mailing Address 11238 Calais Circle			M M / D D / Y Y Y Y
City	State	Zip Code	07 21 2008  Transaction ID: 4580332
Highland	UT	84002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Timothy F. Buckley  Mailing Address 2659 West Avenue (	)-4		Date of Receipt  0 7 2 1 2 0 0 8
City	State	Zip Code	Transaction ID: 4580333
<u>Palmdale</u>	CA	93551	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	]
Full Name (Last, First, Middle Initial) Dr. John G. Kharouf			Date of Receipt
Mailing Address 23570 Wilderness C	anyon Cir		07 21 2008
City	State	Zip Code	Transaction ID: 4580335
Rapid City	SD	57702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor	ntist	
Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	-
Other (specify)		250.00	
			750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
0	ny information copied from such Reports and r for commercial purposes, other than using t	Statements may not he name and address	ot be sold or used by any pers ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF OR	THODONTISTS I	POLITICAL ACTION CO	MMITTEE
۹.	Full Name (Last, First, Middle Initial) Dr. Lee W. Graber Mailing Address 24050 M. L. L.			Date of Receipt
	Mailing Address 21350 W Lakeview F	rkwy		07 21 7 2008
	City	State IL	Zip Code	Transaction ID: 4580336
	Mundelein  FEC ID number of contributing federal political committee.	C	60060-9603	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontis	ıt	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. John A. Gerling Mailing Address 616 Avocet			Date of Receipt
				07 21 2008
	City McAllen	State	Zip Code	Transaction ID: 4580337
	FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontis	t	
	Receipt For:  Primary General  Other (specify)	Aggregate Ye	ear-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Dale Edward Fehr			Date of Receipt
	Mailing Address 85 Kennelworth Cir			07 21 2008
	City <u>Hampton</u>	State IL	Zip Code 61256	Transaction ID: 4580338
	FEC ID number of contributing federal political committee.	C	01230	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontis	.t	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
Γ.	SUBTOTAL of Receipts This Page (optional)			750.00

ITEMIZED  Any information	E A (FEC Form 3X) RECEIPTS  copied from such Reports and St	atements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 30 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  In for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF C AMERICA  Full Name (I Dr. Chad Bul Mailing Addr	OMMITTEE (In Full)  N ASSOCIATION OF ORTH  ast, First, Middle Initial)	ODONTIST	S POLITICAL ACTION COM	Date of Receipt  0 7 2 1 2 0 0 8
	ber of contributing cal committee.	State KS	Zip Code 66226	Transaction ID: 4580339  Amount of Each Receipt this Period  250.00
Name of Em Self-Employ Receipt For: Primar Other		Occupation Orthodor Aggregate		
B. Dr. Valmy Pa Mailing Addr  City Bloomfield  FEC ID num federal polition  Name of Em Self-Employ  Receipt For: Primar	ber of contributing cal committee. ployer ed	State MI  C  Occupation Orthodor  Aggregate		Date of Receipt  M M / D D / Y Y Y Y Y  O 7 21 2008  Transaction ID: 4580340  Amount of Each Receipt this Period  250.00
C. Dr. Jeffery Cr Mailing Addr  City Simpsonvi  FEC ID num federal politic  Name of Em Self-Employ  Receipt For: Primar	lle ber of contributing cal committee.  ployer ed	State SC C Occupation Orthodor Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of	Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 246 (check only one)    X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM-	
Full Name (Last, First, Middle Initial) Dr. Lee M. Romine  Mailing Address 187 Beechwood Ln		Date of Receipt  0 7 2 1 2 0 0 8
City Natchitoches FEC ID number of contributing	State Zip Code  LA 71457-5725	Transaction ID: 4580342  Amount of Each Receipt this Period
federal political committee.  Name of Employer Self-Employed	Occupation Orthodontist	250.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial)  Dr. Wanda Flinn  Mailing Address 583 Market St E		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: 4580343
Gaithersburg	MD 20878	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) Dr. Vijay Bhagia	•	Date of Receipt
Mailing Address 806 Shady Bend La	ane	07 21 2008
City	State Zip Code	Transaction ID: 4580344
Friendswood  FEC ID number of contributing federal political committee.	TX 77546	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional	i)	750.00
TOTAL This Period (last page this line num	ber only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 246 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Alan A. Curtis  Mailing Address 2007 E Malibu		Date of Receipt
City Tempe	State Zip Code AZ 85282	Transaction ID: 4580345  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	]
Full Name (Last, First, Middle Initial) Dr. Maryann Kriger  Mailing Address 25809 Pebble Cree	ek Dr	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4580346
Bonita Springs	FL 34135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Chris H. Henry		Date of Receipt
Mailing Address		07 21 2008
City	State Zip Code	Transaction ID: 4580347  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)	1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 246 (check only one)    X   11a
or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jon Ethan Golub  Mailing Address 50 Blueberry Dr		Date of Receipt  0 7 2 1 2 0 0 8
City Woodcliff Lake	State Zip Code NJ 07677	Transaction ID: 4580348  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   500.00	]
Full Name (Last, First, Middle Initial) Dr. Albert Phillip Cavallari  Mailing Address 387 High St		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4580350
Lockport	NY 14094	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. John D. Hirce Mailing Address 337 Minebrook R	d	Date of Receipt  0 7 2 1 2 0 0 8
City	State Zip Code	Transaction ID: 4580351
Bernardsville FEC ID number of contributing	NJ 07924	Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (optic	nal)	750.00

SCHEDULE A (FEC Form 3)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 34 / 246 (check only one)
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RTHODONTISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) Dr. Kimberly H. Travers		Date of Receipt
Mailing Address 3613 Cedar Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4580358
<u>Dallas</u>	TX 75234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Bruce Kelly Reeder		Date of Receipt
Mailing Address 12300 NW Pecan C	Creek Dr	07 21 YYYY 2008
City	State Zip Code	Transaction ID: 4580359
Lawton	OK 73505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Lisa B. Valins		Date of Receipt
Mailing Address 23-50 Waters Edge	Dr #4C	0 7 2 1 2 0 0 8
City Bayside	State Zip Code NY 11360	Transaction ID: 4580360  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 246 (check only one)  X 11a 11b 11c 12
Any informat	ion copied from such Reports and State	ments may not be sold or used by any persone and address of any political committee to	13   14   15   16   17  In for the purpose of soliciting contributions solicit contributions from such committee.
NAME O	F COMMITTEE (In Full)	OONTISTS POLITICAL ACTION COM	
	e (Last, First, Middle Initial) en Robert Nelson		Date of Receipt
Mailing A	ddress 4405 Highland Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	al.a	State Zip Code	Transaction ID: 4580361
	nka umber of contributing olitical committee.	MN 55345	Amount of Each Receipt this Period  250.00
Name of I Self-Emp	loved '	Occupation Orthodontist	
	or: mary General er (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name	e (Last, First, Middle Initial)		Date of Receipt
Mailing A	ddress 5827 Wanakah Dr		07 21 YYYY 2008
City		State Zip Code	Transaction ID: 4580362
<u>Houstor</u>	1	TX 77069	Amount of Each Receipt this Period
FEC ID n federal po	umber of contributing olitical committee.	C	250.00
Name of I Self-Emp	Employer loyed	Occupation Orthodontist	
	or: nary General er (specify) ♥	Aggregate Year-to-Date ▼ 250.00	
	e (Last, First, Middle Initial) d E. McClung		Date of Receipt
Mailing A	ddress RR 2 Box 272B		07 21 2008
City Lewisbu	ırg	State Zip Code WV 24901	Transaction ID: 4580363  Amount of Each Receipt this Period
	umber of contributing litical committee.	C	250.00
Name of I Self-Emp	Employer loyed	Occupation Orthodontist	
		Aggregate Year-to-Date ▼ 250.00	
SURTOTAL	of Receipts This Page (optional)		750.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 246 (check only one)    X
_	information copied from such Reports and S or commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	
\	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION COM	MMITTEE
_	Full Name (Last, First, Middle Initial) Dr. Matthew C. Mayers			Date of Receipt
_	Mailing Address 2544 Breezewood Ln	Ctata	7:n Code	07 21 2008
	Dity Lima	State OH	Zip Code 45805	Transaction ID: 4580364
F	EC ID number of contributing ederal political committee.	C	43003	Amount of Each Receipt this Period 250.00
Ņ	Jame of Employer Self-Employed	Occupation		
F	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. James B. Hanigan	1		Date of Receipt
Λ	Mailing Address 28232 Emerald Oaks			07 21 2008
	City	State	Zip Code	Transaction ID: 4580365
1	Magnolia	TX	77355	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
N	Name of Employer Self-Employed	Occupation Orthodor		
F	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Troy R. Shaw			Date of Receipt
N	Mailing Address 2521 Comstock Ct			07 21 7 2008
	City	State	Zip Code	Transaction ID: 4580366
	Missoula	MT	59808	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		250.00
-	lame of Employer Self-Employed	Occupation Orthodor	ntist	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
en e	BTOTAL of Receipts This Page (optional)	1		750.00

# SCHEDULE A (FEC Form 3X)

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 246 (check only one)    X
NAN	ormation copied from such Reports and Sommercial purposes, other than using the ME OF COMMITTEE (In Full) ERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full	Name (Last, First, Middle Initial)	1000111101	OT CENTONE ACTION CON	
	Richard A. Simms ing Address 29654 Highpoint Roac	d		Date of Receipt  0 7 2 1 2 0 0 8
City		State	Zip Code	Transaction ID: 4580367
<u>Rar</u>	ncho Palos Verde	CA	90275	Amount of Each Receipt this Period
	CID number of contributing ral political committee.	C		250.00
Nan Self	ne of Employer -Employed	Occupation Orthodox		
Rec	eipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Dr. 0	Name (Last, First, Middle Initial) Diver Lee Willham			Date of Receipt
Mail	ing Address 233 S 26th			07 21 2008
City		State	Zip Code	Transaction ID: 4580368
<u>We</u>	st Des Moines	IA	50265	Amount of Each Receipt this Period
	CID number of contributing ral political committee.	C		250.00
Nan Self	ne of Employer -Employed	Occupation Orthodol		
Rec	eipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) John G. Gisondi			Date of Receipt
Mail	ing Address 2943 Bronson Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 4580369
<u>Fai</u>	rfield	CT	06430	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	С		250.00
	ne of Employer -Employed	Occupatio Orthodol	ntist	
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	OTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 246 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	ODDIVITOTO I OLITICAL ACTION CON	
Dr. Marvin G. Stephens, Jr.		Date of Receipt
Mailing Address 5801 Covey Ln  City	State Zip Code	0 7 2 1 2 0 0 8  Transaction ID: 4580370
<u>Tyler</u>	TX 75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey Thomas Cavanaugh		Date of Receipt
Mailing Address 1848 Ashton Way		07 22 7 2008
City Chesterfield	State Zip Code MO 63005	Transaction ID: 4580372
FEC ID number of contributing federal political committee.	MO 63005	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. James J. Delhom, Jr.		Date of Receipt
Mailing Address 129 Mulberry Drive		07 22 2008
City	State Zip Code LA 70005	Transaction ID: 4580374
Metairie  FEC ID number of contributing federal political committee.	C 70005	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	only)	

	EDULE A (FEC Form 3X) IZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for co	ommercial purposes, other than using the IE OF COMMITTEE (In Full)	tatements may not be sold or used by any point name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Dr. S	Name (Last, First, Middle Initial) sammy A. Caves ng Address 9240 River Rd		Date of Receipt
City		State Zip Code	0 7 2 2 2 2 0 0 8  Transaction ID: 4580375
	ID number of contributing ral political committee.	GA 31808	Amount of Each Receipt this Period 250.00
	e of Employer Employed eipt For:	Occupation Orthodontist  Aggregate Year-to-Date	
	Primary General Other (specify) ▼	Aggregate real-to-Date 250.00	
Dr. D	Name (Last, First, Middle Initial) David Edward Dykhouse ng Address		Date of Receipt  0 7 2 2 2 2 0 0 8
City		State Zip Code	Transaction ID: 4580376
<u>Lee</u>	's Summit	MO 64064	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C	250.00
Nam Self-	e of Employer Employed	Occupation Orthodontist	
Rece	eipt For: Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Dr. F	Name (Last, First, Middle Initial) Raymond George, Sr.		Date of Receipt
Maili ——	ng Address 27 Du Carl Dr		07 22 7 2008
City	.alm	State Zip Code	Transaction ID: 4580377
	ID number of contributing ral political committee.	RI 02865	Amount of Each Receipt this Period 250.00
Nam Self-	e of Employer Employed	Occupation Orthodontist	
Rece	eipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUDT.	OTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to DRTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial)		
Dr. Gary Dean Mundy  Mailing Address 900 Singing Hills	Dr	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: 4580378
El Paso	TX 79912-3404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert N. Seebold		Date of Receipt
Mailing Address 5 Breezy Ct		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4580379
Danville	PA 17821-9114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Hyue Kyung Kwon	<b>L</b>	Date of Receipt
Mailing Address 6327 Wilmington	Dr	07 22 7 2008
City	State Zip Code	Transaction ID: 4580381
<u>Burke</u>	VA 22015-4070	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	nal)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page  tatements may not be sold or used by any perso name and address of any political committee to	FOR LINE NUMBER: PAGE 41 / 246 (check only one)    X   11a
Any information copied from such Reports and S	Detailed Summary Page tatements may not be sold or used by any perso	13 14 15 16 17
Any information copied from such Reports and S	tatements may not be sold or used by any perso	
Any information copied from such Reports and S	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions
or for commercial purposes, other than using the		solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
AMERICAN ASSOCIATION OF ORTH	ODONTISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial)  A. Dr. Gayle Glenn		Date of Receipt
Mailing Address 3922 Travis St #12		07 22 2008
City	State Zip Code	Transaction ID: 4580382
Dallas	TX 75204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial)  B. Dr. James C. Wilson		Date of Receipt
Mailing Address 6095 St Rt 48 N		07 22 2008
City	State Zip Code	Transaction ID: 4580383
Lebanon	OH 45036-9719	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Dr. Lawrence A. Johnson		Date of Receipt
Mailing Address 1950 Cliffview Ct		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4580384
Oshkosh	WI 54901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	······	1000.00

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 246 (check only one)    X   11a
NAME OF	COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERIC	CAN ASSOCIATION OF ORT	HODONTIST	S POLITICAL ACTION COI	MMITTEE
Full Name Dr. Marita Mailing Ad				Date of Receipt
	1200 Bhai wood En			07 22 2008
City	- ale	State IL	Zip Code	Transaction ID: 4580385
	umber of contributing litical committee.	C	60062	Amount of Each Receipt this Period  250.00
Name of E Self-Emp	Employer loyed	Occupation Orthodor		
	or: nary General er (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Dr. Albert		<u> </u>		Date of Receipt
Mailing Ad	ddress PO Box 230082			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City		State	Zip Code	Transaction ID: 4580387
<u>Montgor</u>	mery	AL	36123	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		250.00
Name of E Self-Emp	Employer loyed	Occupation Orthodor		
	or: nary General er (specify) ♥	_	Year-to-Date ▼ 250.00	
	e (Last, First, Middle Initial) I. Ferguson			Date of Receipt
Mailing Ad	ddress 163 P A Johns Rd NE PO Box 850	Ī		07 22 7 2008
City	villa	State GA	Zip Code	Transaction ID: 4580391
	umber of contributing litical committee.	C	31061-0850	Amount of Each Receipt this Period  250.00
Name of E Self-Emp	Employer loyed	Occupation Orthodor		
	or: nary General er (specify) <b>▼</b>	Aggregate	Year-to-Date ▼ 500.00	
SURTOTAL	of Receipts This Page (optional) .	•		750.00

SCHEDULE A (FITEMIZED RECE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 43 / 246   (check only one)     X
Any information copied from for commercial purpose	om such Reports and Statements ma es, other than using the name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITT AMERICAN ASSO	EE (In Full) CIATION OF ORTHODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Dr. Robert A. Kay	Middle Initial)		Date of Receipt
Mailing Address M-	126 Penny Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marshfield	State WI	Zip Code 54449-9255	Transaction ID: 4580392  Amount of Each Receipt this Period
FEC ID number of cor federal political commi	ntributing		250.00
Name of Employer Self-Employed	Occupatio Orthodo		
Receipt For: Primary Other (specify)	Aggregate Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Dr. W. Bonham Magnes			Date of Receipt
Mailing Address 122			07 22 2008
City Houston	State TX	Zip Code 77024-2442	Transaction ID: 4580393
FEC ID number of cor federal political commi	ntributing	77024-2442	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodo		
Receipt For: Primary Other (specify)	General Aggregate	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Dr. Douglas A. Jolstad	Middle Initial)		Date of Receipt
Mailing Address 20	770 Linwood Rd		0 7 2 2 2 0 0 8
City	State	Zip Code	Transaction ID: 4580394
Deephaven FEC ID number of cor federal political commi		55331	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodo		
Receipt For: Primary Other (specify)	General Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts			750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	) <b>/</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 44 / 246   (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	PRTHODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Robert F. Girgis			Date of Receipt
Mailing Address 1315 Brittany Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4580396
Naperville	IL	60540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. L. Donald Mayer	I		Date of Receipt
Mailing Address 500 N Jackson At	Guadalupe		07 22 2008
City	State	Zip Code	Transaction ID: 4580398
<u>La Grange</u>	TX	78945-2041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Rand D. Brown			Date of Receipt
Mailing Address 7861 S Siesta Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4580400
Sandy	UT	84093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORT		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. W. Jim Moore, Jr.	TIODON TIOTO TO ETHONE NO	Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y O 7 22 2008
City	State Zip Code	Transaction ID: 4580401  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) Dr. William C. Gaylord		Date of Receipt
Mailing Address 1759 W Stevanna W	ау	07 22 2008
City <u>Flagstaff</u>	State Zip Code  AZ 86001-1157	Transaction ID: 4580402  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
Full Name (Last, First, Middle Initial) Dr. James Richard Karpac	_ <b>L</b>	Date of Receipt
Mailing Address 5816 Leven Links		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Dublin</u>	State Zip Code OH 43017	Transaction ID: 4580403  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
SUBTOTAL of Receipts This Page (optional)	ı	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 246 (check only one)    X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTI	Statements may not be sold or used by any perse name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Roanne T. Tsutsui Mailing Address 992 Puku St  City Hilo FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code HI 96720-6213  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Robert E. Varner Mailing Address 161 Birdie Lane  City Roseburg FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:	State Zip Code OR 97470  C  Occupation Orthodontist  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Walter S. Vuchnich Mailing Address 100 Bridlewood PI  City Concord  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code NC 28025-9535  C	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional) .	Orthodontist  Aggregate Year-to-Date ▼  250.00	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN ASSOCIATION OF ORTH	HODONTISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) Dr. Henry Udouj, Jr.  Mailing Address 217 Paddock Lane		Date of Receipt
City	State Zip Code	0 7 2 2 2 0 0 8 Transaction ID: 4580408
Fort Smith	AR 72903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael J. Bernard		Date of Receipt
Mailing Address 1670 Ashford Cir NE		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 4580409
North Canton	OH 44720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. B. Keith Black		Date of Receipt
Mailing Address 21 Greenwood Rd		07 22 7 2008
City	State Zip Code	Transaction ID: 4580410
Asheville	NC 28803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
TOTAL This Period (last page this line number	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 246 (check only one)    X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personant the name and address of any political committee to RTHODONTISTS POLITICAL ACTION CON	
Full Name (Last, First, Middle Initial) Dr. W. Michael Thomas		Date of Receipt
Mailing Address 43 Moharimet Dr		07 22 2008
City	State Zip Code	Transaction ID: 4580412
<u>Madbury</u>	NH 03820-9578	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Thomas L. Ahman		Date of Receipt
Mailing Address 2777 Shagbark Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Z Z Z Z D O 8
City	State Zip Code	Transaction ID: 4580413
<u>Lima</u>	OH 45806-1635	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Corbett K. Stephens	<b>I</b>	Date of Receipt
Mailing Address 2933 Shenandoah		07 22 2008
City	State Zip Code	Transaction ID: 4580414
Tyler	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUPTOTAL of Descripts This Dags (aption)	(k	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to HODONTISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Peder A. Gaalaas Mailing Address 1007 NW 4th Ave  City Grand Rapids  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:	State Zip Code MN 55744  C  Occupation Orthodontist  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	250.00	
Dr. Ronald T. Aiello  Mailing Address PO Box 5954  City  San Clemente  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary  General  Other (specify)	State Zip Code CA 92674  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  2 2 0 0 8  Transaction ID: 4580416  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Dr. Lavonne K. Fore Mailing Address 18 Bridgeview Dr SE  City Rome  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code GA 30161-8471  C  Occupation Orthodontist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

	COUEDINE A /EEC Earm OV			FOR LINE NUMBER: PAGE 50 / 246
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the	X 11a  11b  11c  12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Γ	Any information copied from such Reports and St	atemente ma	y not be sold or used by any perso	
	or for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.
<b> </b>	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTH		S POLITICAL ACTION COM	IMITTEE
	/ / !!!!!!!!!! / !!!!!!!!!!!!!!!!!!!!!!	ODONINO	OT CETTONE NOTION CON	
Z	Full Name (Last, First, Middle Initial)			
A.	Dr. Michael D. Plunk			Date of Receipt
	Mailing Address 8827 Kenton Dr			M M / D D / Y Y Y Y
				07 22 2008
	City	State	Zip Code	Transaction ID: 4580418
	<u>Dallas</u>	TX	75231-4817	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
		10		
	Name of Employer Self-Employed	Occupatio		
		Orthodor		_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify)			
_				
ь	Full Name (Last, First, Middle Initial)			Date of Receipt
B.	Dr. Marvin C. Kastrop			Date of Receipt
	Mailing Address 3122 Ben Hogan Pl			07 22 2008
	City	State	Zip Code	Transaction ID: 4580419
	Billings	MT	59106-1104	
	-	IVI I	59106-1104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	rederal political committee.			
	Name of Employer	Occupatio	n	$\exists$
	Self-Employed	Orthodor	ntist	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	33 - 3	1 1 1 1 1 1 1	1
	Other (specify) ▼		250.00	
-	Full Name (Last, First, Middle Initial)			
C.	Dr. E. Vann Greer			Date of Receipt
	Mailing Address 10901 Willow Grove			M M / D D / Y Y Y Y
		<u> </u>		07 22 2008
	City	State	Zip Code	Transaction ID: 4580420
	Oklahoma City	OK	73120	Amount of Each Receipt this Period
	FEC ID number of contributing	С		150.00
	federal political committee.	<u> </u>		100.00
	Name of Employer	Occupatio	n	-
	Self-Employed	Orthodor		
	Receipt For:			$\dashv$
	Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)		300.00	
	\$s. (spss)/ \			
Г				
	CURTOTAL of December Title B			650.00
L	SUBTOTAL of Receipts This Page (optional)		······	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 246 (check only one)    X   11a
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	/ not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORT	HODONTIST	S POLITICAL ACTION COI	MMITTEE
۸.	Full Name (Last, First, Middle Initial) Dr. Michael J. Graham			Date of Receipt
	Mailing Address 1772 Morning Dr NE  City	State	Zip Code	0 7 2 2 2 0 0 8 Transaction ID: 4580421
	Cullman	AL	35055-2141	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
- s.	Full Name (Last, First, Middle Initial) Dr. John S. Kanyusik	<u> </u>		Date of Receipt
	Mailing Address 201 Indian Hill Rd			07 22 2008
	City	State MN	Zip Code	Transaction ID: 4580423
	Mankato  FEC ID number of contributing federal political committee.	C	56001	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. John J. Sahlaney			Date of Receipt
	Mailing Address 425 Pine Valley Dr			07 22 2008
	City Bridgeville	State PA	Zip Code 15017	Transaction ID: 4580424  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:  Primary  General  Other (specify)   ▼	Aggregate	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	fo	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 52 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION			on for the purpose of soliciting contributions o solicit contributions from such committee.  MMITTEE
Full Name (Last, First, Middle Initia Dr. Carlin L. Wiemers  Mailing Address 120 Mayan V	al)		Date of Receipt
City  Mankato	State MN	Zip Code 56001	Transaction ID: 4580425  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	Occupation		250.00
Receipt For: Primary General Other (specify)	Orthodontist Aggregate Year	r-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initia Dr. Mark Collons Mailing Address 4310 Cherry	, 		Date of Receipt  0 7 3 0 2 0 0 8
City	State	Zip Code	Transaction ID: 4591705
<u>Tarzana</u>	CA	91356-5406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	r-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initia Dr. Noel B. Lapp	al)		Date of Receipt
Mailing Address 5957 Timber			07 30 7 2008
City Little Suamico	State WI	Zip Code 54141	Transaction ID: 4591707  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	J-1-1	250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	r-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page	optional)		750.00
TOTAL This Period (last page this li	ne number only)		

	LE A (FEC Form 3X)  O RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 246 (check only one)    X
NAME OF	n copied from such Reports and S cial purposes, other than using the COMMITTEE (In Full) AN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions o solicit contributions from such committee.
	(Last, First, Middle Initial) Sproul			Date of Receipt
City	Too malan crest bi	State	Zip Code	0 7 3 0 2 0 0 8 Transaction ID: 4591709
	mber of contributing ical committee.	C	35758	Amount of Each Receipt this Period 500.00
Name of Er Self-Emplo Receipt For		Occupation Orthodor Aggregate		
Prima Other	ary General r (specify) ▼		500.00	
Dr. Brian R.	(Last, First, Middle Initial) Jesperson dress 2611 Domino Dr			Date of Receipt  0 7 3 0 2 0 0 8
City		State	Zip Code	Transaction ID: 4591710
	mber of contributing ical committee.	C	58501	Amount of Each Receipt this Period  250.00
Name of Er Self-Emplo	mployer yed	Occupation		
Receipt For Prima			e Year-to-Date ▼ 250.00	
Full Name (	(Last, First, Middle Initial)			Date of Receipt
Mailing Add				0 7 3 0 2 0 0 8
City		State	Zip Code	Transaction ID: 4591711
	nber of contributing iical committee.	SC C	29205	Amount of Each Receipt this Period  250.00
Name of Er Self-Emplo	mployer yed	Occupation Orthodor		
Receipt For Prima Other			e Year-to-Date ▼ 250.00	
SUBTOTAL	of Receipts This Page (optional)			1000.00

<b>IT</b>	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  y information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  In for the purpose of soliciting contributions
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHO			
Α.	Full Name (Last, First, Middle Initial) Dr. Douglas S. Harte  Mailing Address 13 Boynton Dr			Date of Receipt  0 7 3 0 2 0 0 8
	City	State	Zip Code	Transaction ID: 4591712
	Livingston  FEC ID number of contributing federal political committee.	NJ C	07039	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed  Receipt For: Primary General	Occupatio Orthodor Aggregate	ntist • Year-to-Date ▼	
— B.	Other (specify)   Full Name (Last, First, Middle Initial)  Dr. Cassy B. Wiggins	0 0	250.00	Date of Receipt
Б.	Mailing Address 17446 E Pondlilly Dr			07 D D 7 2008
	City Parker	State CO	Zip Code 80134	Transaction ID: 4591713
	FEC ID number of contributing federal political committee.	C	80134	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. Steven A. Fischman  Mailing Address 17 Braintree Dr			Date of Receipt
	City	State	Zip Code	0 7 3 0 2 0 0 8 Transaction ID: 4591714
	West Hartford  FEC ID number of contributing federal political committee.	CT	06117	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante name and address of any political committee to THODONTISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. M. Jay Terzis  Mailing Address 218 Woodland Rd  City  Madison  FEC ID number of contributing	State Zip Code NJ 07940	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Dr. Brad Twaddle Mailing Address 3705 Hunter Valley I  City Columbia  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	Dr  State Zip Code  MO 65203  C  Occupation Orthodontist  Aggregate Year-to-Date ▼	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. John W. Kizior Mailing Address 1400 Cobblestone R  City Jasper FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	State Zip Code IN 47546  C Occupation Orthodontist	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 250.00	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 246 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
Full Name (Last, First, Middle Initial) Dr. John C. Ford			Date of Receipt
Mailing Address 221 Winnetka Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4591720
Winnetka	IL	60093-4236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Steven Jay Smiley			Date of Receipt
Mailing Address 1035 Willis Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4591721
Spartanburg	SC	29301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael Kenneth Peters			Date of Receipt
Mailing Address 630 Camelot			07 30 7 2008
City	State	Zip Code	Transaction ID: 4591723
East Lansing	MI	48823	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Walter Thomas Pattison  Mailing Address 12219 S Fox Den Dr			Date of Receipt
City	State	Zip Code	0 7 3 0 2 0 0 8 Transaction ID: 4591724
Knoxville	TN	37934	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodoi		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) Dr. David Sherwood	!		Date of Receipt
Mailing Address 808 Milmada Dr			07 30 2008
City	State	Zip Code	Transaction ID: 4591725
La Canada	CA	91011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		215.00
Name of Employer Self-Employed	Occupatio Orthodoi		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 215.00	]
Full Name (Last, First, Middle Initial) Dr. Hal C. Stevenson	l		Date of Receipt
Mailing Address 21011 James Long Ct			07 0 0 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4591726
Richmond	TX	77469	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodol		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	ı		715.00

	00HEDIU E 4 /EE0 E 000		FOR LINE NUMBER: PAGE 58 / 246
;	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
	EMIZED RECEIPTS	for each category of the	
	TI LIVIIZED TIEGEIT TO	Detailed Summary Page	X 11a 11b 11c 12
_			13 14 15 16 17
	Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or used by any pers	on for the purpose of soliciting contributions
<b>_</b>		ie and address of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	CONTINUE DOLLTION ACTION COL	
	AMERICAN ASSOCIATION OF ORTHOD	ONTISTS POLITICAL ACTION COI	VIVIIIIEE
Α.	Full Name (Last, First, Middle Initial) Dr. Clayton L. Owen		Date of Receipt
Λ.	Mailing Address 21 Willow Dr		M M / D D / Y Y Y Y
			07 30 2008
	City	State Zip Code	Transaction ID: 4591727
	Cabot	AR 72023	Amount of Each Receipt this Period
	FEC ID number of contributing	C	250.00
	federal political committee.		255.55
	Name of Employer Self-Employed	Occupation	
		Orthodontist	
		Aggregate Year-to-Date ▼	
	Primary General	250.00	
	Other (specify)	230.00	
-	Full Name (Loct First Middle Initial)		
В.	Full Name (Last, First, Middle Initial) Dr. Lori Anderson Aiosa		Date of Receipt
	Mailing Address 1894 Osprey Bluff Blvd		M M / D D / Y Y Y Y
			07 30 2008
	City	State Zip Code	Transaction ID: 4591728
	Orange Park	FL 32003	Amount of Each Receipt this Period
	FEC ID number of contributing	C	250.00
	federal political committee.		
	Name of Employer	Occupation	
		Orthodontist	
		Aggregate Year-to-Date ▼	
	Primary General	250.00	
	Other (specify)		
-	Full Name (Last, First, Middle Initial)		
C.	Dr. Katherine Park		Date of Receipt
	Mailing Address 117 W 13th St #29		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	07 30 2008
	New York	NY 10011	Transaction ID: 4591731  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Solf Employed	Occupation Orthodontist	
		Aggregate Year-to-Date ▼	$\dashv$
	Primary General		¬ [
	Other (specify) ▼	250.00	
		0 0 0 0 0 0 0 0 0	_
Γ			
	SUBTOTAL of Receipts This Page (optional)		750.00
L	ODDIVIAL OF RECEIPES THIS Fage (Optional)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 246 (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Martin F. Van Vliet		Date of Receipt
Mailing Address 68 Bramshill Dr		07 30 2008
City	State Zip Code	Transaction ID: 4591732
Mahwah  FEC ID number of contributing federal political committee.	NJ 07430	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. John Kyle Sparkman		Date of Receipt
Mailing Address 4609 Spartanburg [	Or	07 30 YYYY 2008
City	State Zip Code	Transaction ID: 4591733
Amarillo  FEC ID number of contributing federal political committee.	TX 79119-6435	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kolman P. Apt		Date of Receipt
Mailing Address 1300 Providence Te	err	07 30 7 2008
City	State Zip Code	Transaction ID: 4591734
Mc Lean	VA 22101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
SUBTOTAL of Receipts This Page (optional	l)	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Carney D. Loucks	THIODONNOTO FOLINOAL ACTION COM	Date of Receipt
Mailing Address 900 W 18th St S		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4591735
Newton	IA 50208-3500	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Todd A. Thayer		Date of Receipt
Mailing Address 22 N Oaks Rd		07 / 30 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4591736
Saint Paul	MN 55127	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard L. Bridgham		Date of Receipt
Mailing Address 6 Lalli Dr		07 30 7 2008
City <u>Katonah</u>	State Zip Code NY 10536	Transaction ID: 4591738  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 246 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any peg the name and address of any political committee	
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF O	RTHODONTISTS POLITICAL ACTION C	OMMITTEE
Full Name (Last, First, Middle Initial) Dr. Cramer L. Boswell		Date of Receipt
Mailing Address 19475 Kimberlin F	Rd	07 30 7 2008
City	State Zip Code	Transaction ID: 4591739
Abingdon	VA 24210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Dr. Gary R. Baughman	<b>'</b>	Date of Receipt
Mailing Address 4011 Fort Donelso	n Dr	0 7 3 0 2 0 0 8
City	State Zip Code	Transaction ID: 4591740
Stockton	CA 95219-3216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr. Charles M. Krowicki		Date of Receipt
Mailing Address 456 Mine Rd		07 30 7 2008
City	State Zip Code	Transaction ID: 4591742
Asbury	NJ 08802-1105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
	L	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule for each category of th Detailed Summary Paç	e (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORT		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Barry F. Rouch Mailing Address 8208 Scenic Ridge C City Austin FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Receipt For:	ove  State Zip Code TX 78735  C  Occupation Orthodontist  Aggregate Year-to-Date ▼	Date of Receipt  0 7 30 2008  Transaction ID: 4591743  Amount of Each Receipt this Period  250.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	Aggregate rear-to-bate v	00
Dr. Dale Anne Featheringham Mailing Address		Date of Receipt    M
FEC ID number of contributing federal political committee.	State Zip Code	Transaction ID: 4591744  Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date ▼  250.	00
Full Name (Last, First, Middle Initial) Dr. Robert R. Youngquist Mailing Address 585 N Lakeshore Dr		Date of Receipt
City Fontana	State Zip Code WI 53125	Transaction ID: 4591745  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date ▼  500.	00
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC FITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other  NAME OF COMMITTEE (In F	than using the name and a ull)	ay not be sold or used by any pers ddress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.  MMITTEE
Full Name (Last, First, Middle Dr. Tammy M. Chang-Motooka Mailing Address 4437 Kolo City Honolulu  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	hala St State HI	Zip Code 96816	Date of Receipt    M M M
Receipt For: Primary Other (specify)		ontist te Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Dr. C. William Groesch Mailing Address 6 Island E			Date of Receipt  0 7
City	State	Zip Code	Transaction ID: 4591747
Springfield	IL	62707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupat Orthodo		
Receipt For:  Primary Gener  Other (specify) ▼		te Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Dr. Thomas M. Stark	nitial)		Date of Receipt
Mailing Address 2115 Hug	hes Ave		07 30 7 2008
City	State	Zip Code	Transaction ID: 4591750
Ames FEC ID number of contributing federal political committee.	C	50014-7022	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupat Orthodo		
Receipt For:  Primary Gener  Other (specify) ▼	Aggrega	te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Pa	ge (optional)		750.00

Use separate schedule(s) cach category of the Detailed Summary Page   X   11a	y y y y 2 0 0 8
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting con or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such contributions	16 17 tributions mmittee.
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such contributions. NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  Dir. Charles Ray Graham  Mailing Address 1322 Chandler Road  City  State Zip Code  Huntsville  AL 35801  FEC ID number of contributing federal political committee.  Name of Employer  Self-Employed  Other (specify) ▼  City  State Zip Code  Amount of Each Receipt thing federal political committee.  Primary General  Other (specify) ▼  City  State Zip Code  Amount of Each Receipt thing federal political committee.  Date of Receipt  Transaction ID: 4591752  Amount of Each Receipt thing federal political committee.  Date of Receipt  Transaction ID: 4591753  Amount of Each Receipt thing federal political committee.  City  State Zip Code  River Forest  IL 60305  FEC ID number of contributing federal political committee.  City  State Zip Code  Transaction ID: 4591753  Amount of Each Receipt thing federal political committee.  City  State Zip Code  Amount of Each Receipt thing federal political committee.  City  FEC ID number of contributing federal political committee.  Amount of Each Receipt thing federal political committee.  Amount of Each Receipt	y y y y 2 0 0 8
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial) Dr. Charles Ray Graham Mailing Address 1322 Chandler Road  City State Zip Code Huntsville AL 35801  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Other (specify) ▼  City Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Dr. Eloisa S. Garcia Mailing Address 214 Keystone  City State Zip Code Mailing Address 214 Keystone  City State Zip Code River Forest IL 60305  Amount of Each Receipt thing Transaction ID: 4591753  Amount of Each Receipt thing  C Transaction ID: 4591753  Amount of Each Receipt thing  Aggregate Year-to-Date ▼  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Occupation Orthodontist  Receipt For: Primary General  Aggregate Year-to-Date ▼  Primary General  Aggregate Year-to-Date ▼	2 0 0 8 s Period
A. Date of Receipt  Mailing Address 1322 Chandler Road  City State Zip Code Huntsville AL 35801  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Other (specify) ▼  City State Zip Code Huntsville AL 35801  FEC ID number of contributing federal political committee.  Primary General Other (specify) ▼  City State Zip Code Mailing Address 214 Keystone  City State Zip Code Mailing Address 214 Keystone  City State Zip Code River Forest IL 60305  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  City State Zip Code River Forest IL 60305  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  City State Zip Code River Forest IL 60305  Amount of Each Receipt this State Zip Code Transaction ID: 4591753  Amount of Each Receipt this State Zip Code Transaction ID: 4591753  Amount of Each Receipt this State Zip Code Transaction ID: 4591753  Amount of Each Receipt this State Zip Code Transaction ID: 4591753  Amount of Each Receipt this State Zip Code Transaction ID: 4591753  Amount of Each Receipt this State Zip Code Transaction ID: 4591753  Amount of Each Receipt this State Zip Code Transaction ID: 4591753  Amount of Each Receipt this State Zip Code Transaction ID: 4591753  Amount of Each Receipt this State Zip Code Transaction ID: 4591753  Amount of Each Receipt this State Zip Code Transaction ID: 4591753  Amount of Each Receipt this State Zip Code Transaction ID: 4591753  Amount of Each Receipt this State Zip Code Transaction ID: 4591753  Amount of Each Receipt this State Zip Code Transaction ID: 4591753  Amount of Each Receipt this State Zip Code Transaction ID: 4591753  Amount of Each Receipt this State Zip Code Transaction ID: 4591753  Amount of Each Receipt this State Zip Code Transaction ID: 4591753  Amount of Each Receipt this State Zip Code Transaction ID: 4591753  Amount of Each Receipt this State Zip Code Transaction ID: 4591753	2 0 0 8 s Period
A. Dr. Charles Ray Graham Mailing Address 1322 Chandler Road  City State Zip Code Huntsville AL 35801  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Other (specify) ▼  City State Zip Code AL 35801  FEC ID number of contributing federal political committee.  Primary General Other (specify) ▼  City State Zip Code Mailing Address 214 Keystone  City State Zip Code River Forest IL 60305  FEC ID number of contributing federal political committee.  City State Zip Code River Forest IL 60305  FEC ID number of contributing federal political committee.  City State Zip Code River Forest IL 60305  FEC ID number of contributing federal political committee.  City State Zip Code River Forest IL 60305  FEC ID number of contributing federal political committee.  City State Zip Code River Forest IL 60305  FEC ID number of contributing federal political committee.  City State Zip Code River Forest IL 60305  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼	2 0 0 8 s Period
City State Zip Code AL 35801  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Other (specify) ▼  City State Zip Code AL 35801  Amount of Each Receipt thi  C C  Primary General Other (specify) ▼  City State Zip Code River Forest IL 60305  FEC ID number of contributing federal political committee.  C C  Name of Employer Self-Employed  City State Zip Code River Forest IL 60305  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Orthodontist  Receipt For: Primary General  Aggregate Year-to-Date ▼  Transaction ID: 4591753  Amount of Each Receipt thi  C C  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	2 0 0 8 s Period
Huntsville  AL 35801  Amount of Each Receipt thing federal political committee.    Name of Employer Self-Employed	1 1 1
FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Orthodontist  Receipt For: Primary General Other (specify)  Other (s	1 1 1
Full Name (Last, First, Middle Initial) Dr. Eloisa S. Garcia  Mailing Address 214 Keystone  City River Forest FC ID number of contributing federal political committee.  Name of Employer Self-Employed  Name of Employer Self-Employed  Receipt For:  Name of Employer Self-Employed  Receipt For:  Primary  General  Occupation Orthodontist  C  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: 4591753  Amount of Each Receipt thi  C  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	250.00
Self-Employed Orthodontist  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Eloisa S. Garcia  Mailing Address 214 Keystone  City State Zip Code River Forest  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Name of Employer Self-Employed  Receipt For:  Primary General  Orthodontist  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) Dr. Eloisa S. Garcia Mailing Address 214 Keystone  City State Zip Code River Forest IL 60305  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General  Date of Receipt  Transaction ID: 4591753  Amount of Each Receipt thi  C	
Tull Name (Last, First, Middle Initial) Dr. Eloisa S. Garcia  Mailing Address 214 Keystone  City State Zip Code River Forest IL 60305  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General  Date of Receipt  Transaction ID: 4591753  Amount of Each Receipt thi	
B. Dr. Eloisa S. Garcia  Mailing Address 214 Keystone  City State Zip Code River Forest IL 60305  Rame of Employer Self-Employed  Receipt For: Primary General  Date of Receipt  Transaction ID: 4591753  Amount of Each Receipt thi  Occupation Orthodontist  Aggregate Year-to-Date ▼	
City State Zip Code  River Forest IL 60305  Transaction ID: 4591753  Amount of Each Receipt thi  C  Name of Employer Self-Employed  Receipt For:  Primary General	
River Forest  IL 60305  Amount of Each Receipt thi FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Occupation Orthodontist  Receipt For:  Primary General  Aggregate Year-to-Date ▼	2008
FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Occupation Orthodontist  Receipt For:  Primary General  Aggregate Year-to-Date	
Name of Employer Self-Employed  Receipt For:  Primary  General  Occupation Orthodontist  Aggregate Year-to-Date  Aggregate Year-to-Date	s Period
Receipt For:  Primary  General  Aggregate Year-to-Date  ✓	250.00
Primary General	
Other (specify) ▼ 250.00	
Full Name (Last, First, Middle Initial)  C. Dr. Lee J. Andrews Date of Receipt	
Mailing Address 2909 Sussex Rd 0 7 0 7 0 7 0 7 0 7 0 7 0 7 0 7 0 7 0	2008
City State Zip Code <b>Transaction ID:</b> 4591755  Augusta GA 30909 Amount of Each Receipt thi	s Period
FEC ID number of contributing federal political committee.	1 1 1
Name of Employer Occupation Self-Employed Orthodontist	250.00
Receipt For: Aggregate Year-to-Date ▼	250.00
Primary General Other (specify) ▼  250.00	250.00
SUBTOTAL of Receipts This Page (optional)	250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(crieck only only)
\ \	NAME OF COMMITTEE (In Full)		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
/	AMERICAN ASSOCIATION OF ORTH  Full Name (Last, First, Middle Initial)	HODONTISTS POLITICAL ACTION	COMMITTEE
۱.	Dr. A. Thomas Decker  Mailing Address One Ashpord Drive		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City Albany	State Zip Code NY 12203-4555	Transaction ID: 4591756  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	0
_	Full Name (Last, First, Middle Initial) Dr. Thomas G. Leonard  Mailing Address 20 Algonquin Ave		Date of Receipt
	City	0 7 3 0 2 0 0 8 Transaction ID: 4591758	
	Andover	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 250.00	0
_	Full Name (Last, First, Middle Initial) Dr. Ed Wentz	<u> </u>	Date of Receipt
•	Mailing Address #2 S Lakeshore Dr		07 30 2008
	City Lake Ransom Canyon	State Zip Code TX 79366	Transaction ID: 4591759
	FEC ID number of contributing federal political committee.	TX 79366	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	0
Г	SUBTOTAL of Receipts This Page (optional)	L	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 246 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per the name and address of any political committee RTHODONTISTS POLITICAL ACTION Co	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. L. William Schmohl, III Mailing Address 143 Fernwood		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City San Rafael FEC ID number of contributing	State Zip Code CA 94901-1543	Transaction ID: 4591761  Amount of Each Receipt this Period
federal political committee.  Name of Employer Self-Employed	Occupation Orthodontist	250.00
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Mary Anne C. Jenkins  Mailing Address 17800 Jackson Mtr	n Rd SW	Date of Receipt  0 7 3 0 2 0 0 8
City	State Zip Code	Transaction ID: 4591762
Lonaconing	MD 21539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey D. Bert	-	Date of Receipt
Mailing Address 273 Walkley Hill Ro	d	07 30 2008
City	State Zip Code	Transaction ID: 4591765
Haddam  FEC ID number of contributing federal political committee.	CT 06438	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	J)	750.00

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 67/246   (check only one)     X
Any information copied from suc or for commercial purposes, oth	ch Reports and Statements ma er than using the name and ac	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In AMERICAN ASSOCIAT	,	TS POLITICAL ACTION COI	MMITTEE
Full Name (Last, First, Middl Dr. John M. Capogna	e Initial)		Date of Receipt
Mailing Address 1292 Me	erritts Rd		07 30 2008
City Farmingdale	State NY	Zip Code	Transaction ID: 4591766
FEC ID number of contribution federal political committee.		11735	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodo		
Receipt For:  Primary Gene Other (specify) ▼	55 5	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middl Dr. Lisa K. Wendling	e Initial)		Date of Receipt
PO Box	d Timber Trl 278		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New Lothrop	State MI	Zip Code 48460	Transaction ID: 4591768  Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.			250.00
Name of Employer Self-Employed	Occupation Orthodo		
Receipt For:  Primary Gene  Other (specify) ▼	Aggregat	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middl Dr. David P. Stangl	e Initial)		Date of Receipt
Mailing Address 7408 De	vonshire Dr		07 30 2008
City	State	Zip Code	Transaction ID: 4591769
Cedarburg  FEC ID number of contribution federal political committee.	mg WI	53012	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodo		
Receipt For:  Primary Gene Other (specify) ▼	Aggregat	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This F	Page (entional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persue name and address of any political committee to HODONTISTS POLITICAL ACTION CO	
Full Name (Last, First, Middle Initial) Dr. Robert K. Cavanaugh Mailing Address 2308 Throughwoods City Valparaiso FEC ID number of contributing federal political committee.	Dr State Zip Code IN 46385	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Dr. Greg R. Bennett  Mailing Address 29 Hoover Rd		Date of Receipt  0 7 3 0 2 0 0 8
City	State Zip Code	Transaction ID: 4591771
Carlisle  FEC ID number of contributing federal political committee.	PA 17013	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Dana E. Fender		Date of Receipt
Mailing Address PO Box 1980		07 30 7 2008
City	State Zip Code	Transaction ID: 4591772
Douglas  FEC ID number of contributing federal political committee.	GA 31534	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 69 / 246 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
AMERICAN ASSOCIATION OF ORTH	HODONTISTS POLI	TICAL ACTION CON	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Anthony W. Savage			Date of Receipt
Mailing Address 1300 Little neck Rd			07 30 Y Y Y Y Y Y
City	State Zip (	Code	Transaction ID: 4591773
Virginia Beach	VA 234		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-I	Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Brett Edward Eckley			Date of Receipt
Mailing Address 209 Dogwood Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip 0	Code	Transaction ID: 4591774
<u>Daniels</u>	WV 258	32	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-I	Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Thomas O. Burns			Date of Receipt
Mailing Address 1342 Lockwood Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Code	Transaction ID: 4591775
<u>Lafayette</u>	IN 479	05	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-I	Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) Dr. Mark F. Bellard			Date of Receipt
	Mailing Address 1730 Karen Ln			07 30 7 2008
	City	State TX	Zip Code	Transaction ID: 4591776
	Beaumont  FEC ID number of contributing federal political committee.	C	77706-2742	Amount of Each Receipt this Period  500.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Tony L. Skanchy  Mailing Address 4 Eaglewood Ln	1		Date of Receipt
	City	State	Zip Code	07 30 2008
	Sandy	UT	84092	Transaction ID: 4591778  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. George W. Scott			Date of Receipt
	Mailing Address 127 Red Hill Road			07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 4591779
	Holmdel	NJ	07733	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self-Employed	Occupation Orthodor	ntist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	]
[	SUBTOTAL of Receipts This Page (optional)			850.00

# SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 246 (check only one)    X   11a
<u> </u>	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions o solicit contributions from such committee.
۱.	Full Name (Last, First, Middle Initial) Dr. Cheryl Mitchell Trentini			Date of Receipt
	Mailing Address 2309 Lafayette Ave			07 30 7 2008
	City	State NC	Zip Code	Transaction ID: 4591780
	Greensboro FEC ID number of contributing federal political committee.	C	27408	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Gerald Schwartz  Mailing Address 6 Yorktown PI	<b>I</b>		Date of Receipt
				07 30 2008
	City	State	Zip Code	Transaction ID: 4591781
	Northport  FEC ID number of contributing federal political committee.	C	11768	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Frank R. Miller			Date of Receipt
	Mailing Address 619 Sunset Hill			07 30 2008
	City	State	Zip Code	Transaction ID: 4591782
	Rockwall	TX	75087	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor	ntist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
SI	JBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Dan D. Banh	THIOSENTION OF THE NEW YORK	Date of Receipt
Mailing Address 848 S La Serena I	Or	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4591784
West Covina	CA 91791	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Timothy Charles Bandeen		Date of Receipt
Mailing Address	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 4591786  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Geri R. Kohn-Hunter	I	Date of Receipt
Mailing Address 30 Morgan Ct		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rye	State Zip Code NH 03870	Transaction ID: 4591787  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16	
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persthe name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.	
Full Name (Last, First, Middle Initial)	THODONTISTS POLITICAL ACTION CO		
Dr. Bert D. Rouleau  Mailing Address 1020 Runnymead C	t	Date of Receipt    M M	
City	State Zip Code	Transaction ID: 4591788	
Los Altos	CA 94024	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00		
Full Name (Last, First, Middle Initial) Dr. Gregory A. McKenna		Date of Receipt	
Mailing Address 22 Lyndenwood Dr		07 30 7 2008	
City	State Zip Code	Transaction ID: 4591789	
Brookfield	CT 06804	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Robert lezman		Date of Receipt	
Mailing Address 540 Coventry Rd		07 30 7 2008	
City <u>Kensington</u>	State Zip Code CA 94707	Transaction ID: 4591790  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional	)	750.00	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTI	HODONTIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Ronald N. Cummings			Date of Receipt
	Mailing Address			07 30 7 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 4591791
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupatio Orthodo		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Donald J. Drew			Date of Receipt
	Mailing Address 8 Willow Ln	07 30 2008		
	City	State	Zip Code	Transaction ID: 4591792
	West Hartford  FEC ID number of contributing federal political committee.	CT	06117	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
С.	Full Name (Last, First, Middle Initial) Dr. Gregory P. Scott			Date of Receipt
	Mailing Address 425 Quail Hollow Rd			07 30 YYYY 2008
	City	State	Zip Code	Transaction ID: 4591793
	<u>Auburndale</u>	FL	33823	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional).		_	750.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH	tatements may not be sold or used by any personame and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Jeffrey J. Twohig  Mailing Address  City  FEC ID number of contributing federal political committee.	State Zip Code  C Occupation	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Orthodontist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Kathryn Lynn Bielik Mailing Address 1614 N Leavitt St  City Chicago FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code IL 60647  C  Occupation Orthodontist  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Charles A. Gilmore  Mailing Address 4623 Scenic Dr  City Yakima  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:	State Zip Code WA 98908  C  Occupation Orthodontist  Aggregate Year-to-Date ▼	Date of Receipt    M M M
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	250.00	1000.00

SCHEDULE A (FEC Form 3X)	lleae	separate schedule(s)	FOR LINE NUMBER: PAGE 76 / 246			
ITEMIZED RECEIPTS	for ea	ch category of the	(check only one)			
	Detail	ed Summary Page	X   11a   11b   11c   12   13   14   15   16   17			
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be see name and address of a	sold or used by any person any political committee to	n for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)						
AMERICAN ASSOCIATION OF ORT	HODONTISTS POLI	TICAL ACTION COM	MITTEE			
Full Name (Last, First, Middle Initial)  A. Dr. Robert W. Gallagher			Date of Receipt			
Mailing Address 616 Logan's Ln			07 30 2008			
City	State Zip	Code	Transaction ID: 4591797			
Southlake	TX 760	92	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Self-Employed	Occupation Orthodontist					
Receipt For:	Aggregate Year-to-	Date ▼				
Primary General Other (specify) ▼		250.00				
Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Philip J. Tighe			Date of Receipt			
Mailing Address 1920 Nottingham Rd						
City	State Zip	Code	Transaction ID: 4591798			
Allentown	PA 181	03-2923	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Self-Employed	Occupation Orthodontist					
Receipt For:	Aggregate Year-to-	Date ▼				
Primary General Other (specify) ▼		250.00				
Full Name (Last, First, Middle Initial)  C. Dr. Kathleen M. Burr			Date of Receipt			
Mailing Address 119 West St			07 30 YYYYY 2008			
City	State Zip	Code	Transaction ID: 4591799			
<u>Hebron</u>	CT 062	248	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Self-Employed	Occupation Orthodontist		1			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-	Date ▼ 250.00				
SUBTOTAL of Receipts This Page (optional)		·····	750.00			

	HEDULE A (FEC Form 3X)  MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 246 (check only one)    X   11a
	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u> </u>	Full Name (Last, First, Middle Initial) Dr. Kevin C. Chapman Mailing Address 15882 W 79th Pl			Date of Receipt
_	City 75th F1	State	Zip Code	0 7 3 0 2 0 0 8 Transaction ID: 4591801
1	Arvada	CO	80007	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
1	Name of Employer Self-Employed	Occupation Orthodon		
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
. [	Full Name (Last, First, Middle Initial) Dr. Joseph T. Mellion Mailing Address 2820 Round Hill Dr	ı		Date of Receipt
_				07 30 2008
	Dity	State	Zip Code	Transaction ID: 4591802
F	Akron FEC ID number of contributing ederal political committee.	OH OH	44333	Amount of Each Receipt this Period  250.00
1	Name of Employer Self-Employed	Occupation Orthodon		
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Jennifer L. Martin	<u> </u>		Date of Receipt
<u></u>	Mailing Address 42 Gentle Creek Pl			07 07 2008
	Dity	State	Zip Code	Transaction ID: 4591803
_	Danville	CA	94526	Amount of Each Receipt this Period
f	FEC ID number of contributing ederal political committee.	С		250.00
_	Name of Employer Self-Employed	Occupation Orthodon		
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SU	BTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 246 (check only one)    X
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person go the name and address of any political committee to support the name and address of any political committee to support the name and address of any political committee to support the name and address of any political action compared to the name and address of any political action compared to the name and address of any political action.	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert A. Zenobi		Date of Receipt
Mailing Address 412 Skyview Dr		07 30 2008
City	State Zip Code	Transaction ID: 4591804
Seven Hills	OH 44131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mark E. Hixson		Date of Receipt
Mailing Address 3501 Catalano Dr		0 7 3 0 2 0 0 8
City	State Zip Code	Transaction ID: 4591805
Raleigh	NC 27612	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Matthew Dunn		Date of Receipt
Mailing Address 16130 W Devonsh	nire Ave	0 7 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4591806
Goodyear	AZ 85395	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16
Ai	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any personance name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
		IODONTISTS FOLITICAL ACTION CON	VIIVIII I LL
	Full Name (Last, First, Middle Initial) Dr. Scott E. Prose		Date of Receipt
	Mailing Address 3001 Fox Glen Ct		07 30 2008
	City Saintt Charles	State Zip Code  IL 60174-1981	Transaction ID: 4591807  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Patrick M. Bauer		Date of Receipt
	Mailing Address 946 E Westchester		07 30 2008
City		State Zip Code	Transaction ID: 4591809
	Springfield	MO 65810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Ross W. Stryker	<u> </u>	Date of Receipt
	Mailing Address PO Box 1193		07 30 7 2008
	City	State Zip Code	Transaction ID: 4591810
	Lebanon	MO 65536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	UBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 246 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTI	Statements may not be sold or used by any perse name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Philip T. Dickinson  Mailing Address 3945 S Whickham  City Muskegon  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code MI 49441  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  0 7 3 0 2 0 0 8  Transaction ID: 4591811  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Dr. Charles D. Alexander  Mailing Address 2609 Glen Mor  City  Montrose  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General	State Zip Code CO 81401  C  Occupation Orthodontist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Bryan E. Taylor  Mailing Address 1966 Hambleton Dr  City Lorena  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	State Zip Code TX 76655  C	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Orthodontist  Aggregate Year-to-Date ▼  500.00	750.00

В.

C.

SCHEDULE A (FEC Form 3X)	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 81 / 246 (check only one)
TEMIZED RECEIPTS		for each category of the	
LIMILLE MEGEN 10		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
AMERICAN ASSOCIATION OF ORTH	ODONTIST	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) Dr. Tamara S. Miller			Date of Receipt
Mailing Address			07 30 YYYYY 2008
City	State	Zip Code	Transaction ID: 4591814
			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	1.55. 555		1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. Sean K. Carlson	•		Date of Receipt
Mailing Address 11 Shady Ln			07 30 7 2008
City	State	Zip Code	Transaction ID: 4591815
<u>Larkspur</u>	CA	94939	Amount of Each Receipt this Period
FEC ID number of contributing			252.22
federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. Christopher J. Getchell			Date of Receipt
Mailing Address 470 Thornwyck Trail			07
City	State	Zip Code	Transaction ID: 4591816
Roswell	GA	30076	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For:		Year-to-Date ▼	
Primary General	. Igg. ogato		1
Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)	l .		750.00

TOTAL This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 246 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	tatements may not be sold or used by any personance and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Howard L. Howell  Mailing Address 701 Spottis Woode Ln  City Clearwater  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code FL 33756  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. David W. Johnson Mailing Address 617 Dublin Way  City Alameda  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General	State Zip Code CA 94502  C  Occupation Orthodontist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify)  Full Name (Last, First, Middle Initial) Dr. Richard L. Fogel Mailing Address 718 Washington Ave  City Elyria FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	State Zip Code OH 44035  C Occupation Orthodontist	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 250.00	750.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used by any pers n using the name and address of any political committee to	
AMERICAN ASSOCIATION	OF ORTHODONTISTS POLITICAL ACTION COI	MINITIEE
Full Name (Last, First, Middle Initia Dr. Richard A. Battistoni	al)	Date of Receipt
Mailing Address 900 S Spring	Ave	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 4591823
La Grange	IL 60525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initia Dr. John A. Daniel	al)	Date of Receipt
Mailing Address 60 Ranch Ric	lge Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4591824
Little Rock	AR 72212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initia Dr. Barry E. Booth	al)	Date of Receipt
Mailing Address 439 Sunset A	ve	07 30 7 2008
City	State Zip Code	Transaction ID: 4591826
La Grange	IL 60525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page	optional)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 84 / 246 (check only one)
TI EIVIIZED TIEGEII 13		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
AMERICAN ASSOCIATION OF ORTI	HODONTIS	S POLITICAL ACTION CON	//MITTEE
Full Name (Last, First, Middle Initial)  A. Dr. Robert B. Meyer			Date of Receipt
Mailing Address 110 Widecombe Ct			07 30 YYYY 2008
City	State	Zip Code	Transaction ID: 4591827
Cary	NC	27513	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodo		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  B. Dr. Hilton Goldreich			Date of Receipt
Mailing Address 2204 Bradbury Ct			07 30 7 2008
City	State	Zip Code	Transaction ID: 4591829
Plano	TX	75093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodo		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  C. Dr. T. Barrett Trotter			Date of Receipt
Mailing Address 13 Bristlecone Way			07 30 7 2008
City Augusta	State GA	Zip Code 30909	Transaction ID: 4591830  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodo		
Receipt For:		e Year-to-Date 🔻	
Primary General Other (specify) ▼		250.00	

	00112011121121	Г	1	FOR LINE NUMBER   DAGE 05 /040		
,	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 85 / 246		
	TEMIZED RECEIPTS		for each category of the	(check only one)		
	I LIVIIZED RECEIP 13		Detailed Summary Page	X 11a		
_			, ,	13 14 15 16 17		
	Any information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions		
	or for commercial purposes, other than using the nar	me and add	ress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	AMERICAN ASSOCIATION OF ORTHOD	DONTIST	S POLITICAL ACTION COM	MITTEE		
	/ / / / / / / / / / / / / / / / / / / /	DONTION	ST SETTIONE NOTION SON			
Z	Full Name (Last, First, Middle Initial)					
Α.	Dr. Karl William Weiss	Date of Receipt				
	Mailing Address 205 William Dr	M M / D D / Y Y Y Y				
	Zoo William Di		07 30 2008			
	City	State	Zip Code	Transaction ID: 4591831		
	Canonsburg	PA	15317	Amount of Each Receipt this Period		
		1.7	15517	Amount of Each Neceipt this Period		
	FEC ID number of contributing	C		250.00		
	federal political committee.					
	Name of Employer	Occupation	1	$\dashv$		
	Self-Employed	Orthodon				
				_		
	Receipt For:	Aggregate	Year-to-Date ▼	. [		
	Primary General	' '	250.00			
	Other (specify) ▼		250.00			
_	Full Name (Last, First, Middle Initial)	Full Name (Last, First, Middle Initial)				
В.	Dr. Thomas A. Daniels	Date of Receipt				
	Mailing Address 11898 Moore Woods Rd	M M / D D / Y Y Y Y				
		07 30 2008				
	City	State	Zip Code	Transaction ID: 4591832		
	Roscoe	IL	61073	Amount of Each Receipt this Period		
				Table 1 - Laber 1 - Since		
	FEC ID number of contributing federal political committee.	C		250.00		
	rederal political committee.					
	Name of Employer	Occupation	1			
	Self-Employed	Orthodon	tist			
	Receipt For:		Year-to-Date ▼			
	Primary General	Aggregate	Teal-10-Date •			
	Other (specify)		250.00			
	Other (specify)					
-	Full Name (Last First Afficial Letter)					
C.	Full Name (Last, First, Middle Initial) Dr. William J. McLendon			Date of Receipt		
<b>J</b> .				<b>=</b>   '		
	Mailing Address 61 Old Mountain Rd			07 30 2008		
	City	State	Zip Code			
	City		·	Transaction ID: 4591833		
	Powder Springs	GA	30073	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	C		230.00		
		0 ::				
	Solf Employed	Occupation				
		Orthodon		_		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		050.00			
	Other (specify) ▼		250.00			
				'		
Г						
- 1	OUDTOTAL (D. 11 THE D. 11 THE			750.00		
Ĺ	SUBTOTAL of Receipts This Page (optional)		<b>-</b>			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 246 (check only one)    X
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORT	HODONTIST	S POLITICAL ACTION CO	MMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. David C. Becka	Date of Receipt		
	Mailing Address 4601 Post Oak Dr	07 30 2008		
	City Frisco	State TX	Zip Code 75034	Transaction ID: 4591834
	FEC ID number of contributing federal political committee.	C	75054	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ В.	Full Name (Last, First, Middle Initial) Dr. Larry C. Smedley  Mailing Address 188 Pheasant Run Ro	Date of Receipt		
	Maining Address Too Friedsant Full Fit	07 30 2008		
	City State		Zip Code	Transaction ID: 4591835
	West Chester  FEC ID number of contributing federal political committee.	C	19380	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ ).	Full Name (Last, First, Middle Initial) Dr. Jason Schmit	Date of Receipt		
	Mailing Address 3100 Pinney Woods	Ct SE		07 30 / Y Y Y Y Y
	City <u>Cedar Rapids</u>	State IA	Zip Code	Transaction ID: 4591836
	FEC ID number of contributing federal political committee.	C	52403	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number		<u> </u>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 246 (check only one)    X   11a
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORT	HODONTIST	S POLITICAL ACTION CO	MMITTEE
A.	Full Name (Last, First, Middle Initial) Dr. David L. Meyer  Mailing Address 2933 Spring Oaks Ct	Date of Receipt		
		07 30 2008		
	City Dubuque	State IA	Zip Code 52001	Transaction ID: 4591838  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupatio Orthodo		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Lew B. Sample Mailing Address 1305 Brindwood Ln S	Date of Receipt		
		07 30 2008		
	City Decatur	State AL	Zip Code 35601	Transaction ID: 4591839  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33001	250.00
	Name of Employer Self-Employed	Occupation Orthodox		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 ;.	Full Name (Last, First, Middle Initial) Dr. Edward F. Ross, Jr.			Date of Receipt
	Mailing Address 16 Hampton Hills Ln	07 30 Y Y Y Y Y Y		
	City Richmond	State VA	Zip Code 23226	Transaction ID: 4591840
	FEC ID number of contributing federal political committee.	C	23220	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupatio Orthodo		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Г				

ITEN Any in	IEDULE A (FEC Form 3X)  MIZED RECEIPTS  formation copied from such Reports and State commercial purposes, other than using the n	atements may	Use separate schedule(s) for each category of the Detailed Summary Page  y not be sold or used by any perso	FOR LINE NUMBER: PAGE 88 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  In for the purpose of soliciting contributions
A. Pul	ME OF COMMITTEE (In Full) MERICAN ASSOCIATION OF ORTHO II Name (Last, First, Middle Initial) David D. Feuer		· ·	IMITTEE  Date of Receipt
City <u>No</u> FE	y orth Palm Beach C ID number of contributing leral political committee.	State FL	Zip Code 33410	Transaction ID: 4591947  Amount of Each Receipt this Period  250.00
	me of Employer  If-Employed  ceipt For: Primary General Other (specify)	Occupation Orthodor Aggregate		
B. Dr. Ma City Hc FE fed Na Se	Il Name (Last, First, Middle Initial) Joseph R. Pfeffer, Jr.  illing Address 160 Stonehedge Rd  y  billidaysburg  C ID number of contributing leral political committee.  me of Employer If-Employed  ceipt For: Primary General Other (specify)	State PA C Occupation Orthodor Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. Dr. Ma Cit; Hu FE fed Na Se	Il Name (Last, First, Middle Initial) Dean M. Bartlett illing Address 177 Hartman Rd	State NY  C  Occupation Orthodor Aggregate		Date of Receipt  M M J D 3 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBT	TOTAL of Receipts This Page (optional)		·····	750.00

<b>I</b>	TEMIZED RECEIPTS  Any information copied from such Reports and Stor for commercial purposes, other than using the	atements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  In for the purpose of soliciting contributions
A.	NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTHO  Full Name (Last, First, Middle Initial)  Dr. Maston R. McCorkle, Jr.		• • • • • • • • • • • • • • • • • • • •	
	Mailing Address 3215 Allendale St SW  City  Roanoke  FEC ID number of contributing federal political committee.	State VA	Zip Code 24014	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodon Aggregate		
В.	Full Name (Last, First, Middle Initial) Dr. Craig H. Davis  Mailing Address 1500 Oak Springs Ln  City  Santa Rosa  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	State CA C Occupation Orthodon Aggregate		Date of Receipt    M M M
_ C.	Full Name (Last, First, Middle Initial) Dr. James B. Donaghey, II  Mailing Address 1600 Oak Forest Ct  City  Mobile  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	State AL  C  Occupation Orthodon Aggregate		Date of Receipt  M M / D D / 2008  Transaction ID: 4591953  Amount of Each Receipt this Period  250.00
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 246 (check only one)    X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persign the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Jason Roger Izzi Mailing Address 46 Conifer Dr		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
North Providence	State Zip Code RI 02904	Transaction ID: 4591954  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Convention	250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Dr. Michael L. Reznik Mailing Address 1423 Sweetbriar C	Date of Receipt  0 7 3 1 2 0 0 8	
City	State Zip Code	Transaction ID: 4591955
Odessa	TX 79761	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Albert J. Apicella Mailing Address 27 S Lewisberry R	Date of Receipt  0 7 3 1 2 0 0 8	
City	State Zip Code	Transaction ID: 4591956
Mechanicsburg  FEC ID number of contributing federal political committee.	PA 17055	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 91 / 246
ITEMIZED RECEIPTS		for each category of the	(check only one)
TI EMILED REGEN 10		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	ly not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
AMERICAN ASSOCIATION OF ORTHO	ODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Carey B. Noorda			Date of Receipt
Mailing Address 2356 Dolphin Ct			07 31 2008
City	State	Zip Code	Transaction ID: 4591957
<u>Henderson</u>	NV	89074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:	Aggregate	e Year-to-Date	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. John E. Roussalis, II			Date of Receipt
Mailing Address 1220 W 30th St			07 31 2008
City	State	Zip Code	Transaction ID: 4591958
Casper	WY	82601-5372	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		7
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Melvyn M. Leifert			Date of Receipt
Mailing Address 14 Rutland Rd			07 31 2008
City	State	Zip Code	Transaction ID: 4591960
Great Neck	NY	11020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

TOTAL This Period (last page this line number only) .....

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma name and ad	ly not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH	HODONTIST	IS POLITICAL ACTION COM	MMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. David C. Wertz  Mailing Address 11272 High Ridge Dr			Date of Receipt
		07 31 2008		
	City Dubuque	State IA	Zip Code 52003-9649	Transaction ID: 4591962  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodo		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Jorge C. Coro  Mailing Address 5655 Granada Blvd	1		Date of Receipt
		07 31 2008		
	City Coral Gables	State FL	Zip Code 33146-2603	Transaction ID: 4591963  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33140-2003	250.00
	Name of Employer Self-Employed	Occupation Orthodo		
	Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	]
с. С.	Full Name (Last, First, Middle Initial) Dr. Kimberly J. McNeal			Date of Receipt
	Mailing Address 632 CR 43400			07 31 2008
	City	State	Zip Code	Transaction ID: 4591964
	Paris  FEC ID number of contributing federal political committee.	C	75462	Amount of Each Receipt this Period  500.00
	Name of Employer Self-Employed	Occupation Orthodo		
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1000.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH	Statements may not be sold or used by any pere name and address of any political committee  HODONTISTS POLITICAL ACTION CC	
Full Name (Last, First, Middle Initial) Dr. Jeffrey W. Vecere Mailing Address 12 Romney PI E  City Cape May Court Hou  FEC ID number of contributing federal political committee.	State Zip Code NJ 08210-2143	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Dr. Tommy Neil Whited Mailing Address 11281 Country Forest  City Collierville  FEC ID number of contributing federal political committee.	State Zip Code TN 38017	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed  Receipt For:  Primary  General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Dr. James L. Vaden Mailing Address 353 Buck Lake Rd  City Cookville	State Zip Code TN 38506	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date  250.00	250.00
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to a	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Steven Jay Bowman Mailing Address 9696 W KL Ave  City Kalamazoo  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:	State Zip Code MI 49009  C  Occupation Orthodontist  Aggregate Year-to-Date	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Dorothy E. Whalen  Mailing Address 777 Remsen's Ln	250.00	Date of Receipt
City  Oyster Bay  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:	State Zip Code NY 11771  C  Occupation Orthodontist  Aggregate Year-to-Date ▼	Transaction ID: 4591971  Amount of Each Receipt this Period  250.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Stephen E. Searcy  Mailing Address 114 Wembley Rd	250.00	Date of Receipt
City  Lafayette  FEC ID number of contributing federal political committee.	State Zip Code LA 70503-3567	Transaction ID: 4591973  Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional	al)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORT	Statements may not be sold or used by any perse name and address of any political committee the HODONTISTS POLITICAL ACTION CO	
Full Name (Last, First, Middle Initial) Dr. Corey Christopher Conrad  Mailing Address 4640 Park  City West Des Moines  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code IA 50265  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. James J. Tomassetti  Mailing Address 209 E Wentworth Ln  City Appleton  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code WI 54913  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Vance J. Dykhouse  Mailing Address 5485 NE Northgate C  City  Lees Summit  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	State Zip Code MO 64064  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	•	600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 246 (check only one)    X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF OF	the name and addre	ess of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. S. Kendall Dunn  Mailing Address 256 Timberlane Rd			Date of Receipt  0 7 3 1 2 0 0 8
City Pike Road  FEC ID number of contributing federal political committee.	State AL	Zip Code 36064	Transaction ID: 4591979  Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodonti Aggregate Y	ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Marie Bond Farrar Mailing Address 7333 Noah Reid Ro	Date of Receipt  0 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
City Chattanooga	State TN	Zip Code 37421	Transaction ID: 4591980  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.12.	250.00
Name of Employer Self-Employed	Occupation Orthodonti		
Receipt For:  Primary General  Other (specify) ♥	Aggregate Y	/ear-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) Dr. Richard L. Sikora	<b>L</b>		Date of Receipt
Mailing Address 2102 Oakwood Ave	<del></del>		07 31 7 2008
City Bloomington	State IL	Zip Code 61704	Transaction ID: 4591985  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodonti	st	
Receipt For: Primary General Other (specify)	Aggregate Y	'ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule( for each category of the Detailed Summary Page	
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	name and address of any political commi	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.  COMMITTEE
\ <u></u>	Full Name (Last, First, Middle Initial) Dr. Lindsay Durham Limbaugh Mailing Address 3009 Cobble Farms D	r SE	Date of Receipt
	City Hampton Cove	State Zip Code AL 35763	Transaction ID: 4591986  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.0	0
	Full Name (Last, First, Middle Initial) Dr. A. Wright Pond, Sr.  Mailing Address 1025 Avon Ct		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 4591988
	Colonial Heights  FEC ID number of contributing federal political committee.	VA 23834-1931	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.0	0
	Full Name (Last, First, Middle Initial) Dr. Darrick A. Brown		Date of Receipt
	Mailing Address 3107 E Hardies Rd		07 31 7 2008
	City Gibsonia	State Zip Code PA 15044	Transaction ID: 4591989  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	0
SI	JBTOTAL of Receipts This Page (optional)		750.00

В.

C.

			· · · · · · · · · · · · · · · · · · ·
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 98 / 246
ITEMIZED RECEIPTS		for each category of the	(check only one)
TI LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perse dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
AMERICAN ASSOCIATION OF ORTHO	ODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Robert F. Garrison			Date of Receipt
Mailing Address 231 Palmer Dr			07 31 2008
City	State	Zip Code	Transaction ID: 4591990
Lexington	SC	29072-8116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	7
☐ Other (specify) ▼	0 0	230.00	
Full Name (Last, First, Middle Initial) Dr. Thomas James Longos			Date of Receipt
Mailing Address 52 Birdie Ct			07 31 YYYYY 2008
City	State	Zip Code	Transaction ID: 4591991
<u>Edwardsville</u>	IL	62025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	1
Other (specify)		230.00	
Full Name (Last, First, Middle Initial) Dr. Steven J. Mack			Date of Receipt
Mailing Address 6531 Eagle Ridge Rd			07 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4591992
Bettendorf	IA	52722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General			1
Other (specify)	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  Any information copied from such Reports an or for compressed purposes other than union	Use separate schedule(s) for each category of the Detailed Summary Page  d Statements may not be sold or used by any pe the name and address of any political committee	FOR LINE NUMBER: PAGE 99 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 17  Trson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	THODONTISTS POLITICAL ACTION CO	
Full Name (Last, First, Middle Initial) Dr. James J. Brennan Mailing Address 1480 Old Smithfield	Rd	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4591993
North Smithfield  FEC ID number of contributing federal political committee.	RI 02895	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Kenneth F. Freer Mailing Address 4500 Green Valley		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fairfield  FEC ID number of contributing federal political committee.	State Zip Code CA 94534	7 3 1 2 0 0 8  Transaction ID: 4591995  Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Dr. R.G. (Wick) Alexander Mailing Address 4013 Shady Valley	Dr	Date of Receipt
City Arlington	State Zip Code TX 76013	Transaction ID: 4591996  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 246 (check only one)    X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to HODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Thomas Michael Skafidas  Mailing Address 5051 Oak Tree Ln  City Stone Mountain  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code GA 30087  C  Occupation Orthodontist  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. William G. Hendrickson  Mailing Address 2629 Bretton  City Wichita Falls  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 76308  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Preston D. Miller, III  Mailing Address 19 Northwood Ave  City  Jackson  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	State Zip Code TN 38301-4450  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 246 (check only one)    X   11a
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION CO	MMITTEE
	Full Name (Last, First, Middle Initial) Dr. Michael D. Collins  Mailing Address 9121 Pin Oak Dr			Date of Receipt
	City	State	Zip Code	0 7 3 1 2 0 0 8 Transaction ID: 4592001
	Waco	TX	76712	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Sharon K. Hayes			Date of Receipt
	Mailing Address			07 31 2008
	City	State	Zip Code	Transaction ID: 4592002  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:	Aggregate	e Year-to-Date	
	Primary ☐ General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. John L. Hayes			Date of Receipt
	Mailing Address			07 31 2008
	City	State	Zip Code	Transaction ID: 4592003  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

Mailing Address 136 Paseo Del Rio  City State Zip Code TX 78155  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Orthodontist  Receipt For: Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Dr. Michelle Bridget Brown Mailing Address 6 Gerry Drive  City State Zip Code MA 02771  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Orthodontist  Receipt For: Aggregate Year-to-Date ▼  Transic Seekonk MA 02771  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Orthodontist  Receipt For: Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Dr. Frank R. Besson Mailing Address 185 Scott Dr  City State Zip Code Transic Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Dr. Frank R. Besson Mailing Address 185 Scott Dr  City State Zip Code Transic Tran	OR LINE NUMBER: PAGE 102 / 246 heck only one)  X 11a 11b 11c 12 13 14 15 16 1
Dr. Clark D. Colville  Malling Address 136 Paseo Del Rio  City State Zip Code TX 78155  Amou  FEC ID number of contributing federal political committee.  Name of Employer General Other (specify) ▼	
Full Name (Last, First, Middle Initial) Dr. Michelle Bridget Brown  Mailing Address 6 Gerry Drive  City Seekonk MA 02771  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Other (specify) ▼  City State Zip Code MA 02771  Amou  C  C  Seekonk  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Dr. Frank R. Besson  Mailing Address 185 Scott Dr  City State Zip Code Mailing Address 185 Scott Dr  City State Zip Code Mailing Address 185 Scott Dr  City City State Zip Code NJ 07069-6301  FEC ID number of contributing federal political committee.  C  Name of Employer Self-Employed  Occupation Orthodontist	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Frank R. Besson  Mailing Address 185 Scott Dr  City State Zip Code Watchung NJ 07069-6301  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Occupation Orthodontist	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Self-Employed Orthodontist	Date of Receipt  M M M J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  250.00	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 246 (check only one)    X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. James L. Ferguson, Jr. Mailing Address 118 Pebble View		Date of Receipt
		08 01 2008
City <u>Fra</u> nklin	State Zip Code TN 37064-2913	Transaction ID: 4593684
FEC ID number of contributing federal political committee.	TN 37064-2913	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Joseph M. Arvay	I	Date of Receipt
Mailing Address 5 Blachley Cir		08 01 Y Y Y Y Y
City	State Zip Code	Transaction ID: 4593687
Mendham  FEC ID number of contributing federal political committee.	NJ 07945	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John H. Warford, Jr.	I	Date of Receipt
Mailing Address 3024 Cody Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Bismarck</u>	State Zip Code ND 58503	Transaction ID: 4593688  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 246 (check only one)    X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso g the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. David A. Zysik		Date of Receipt
Mailing Address 13964 State Hwy 3	37	08 01 2008
City	State Zip Code	Transaction ID: 4593689
Massena	NY 13662-1704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. R. Glen Cowan, Jr.		Date of Receipt
Mailing Address 1127 Overlook Rd		08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4593690
Tuscaloosa	AL 35406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Achilles M. Filios		Date of Receipt
Mailing Address 9243 Rt 89		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City _Trumansburg	State Zip Code NY 14886	Transaction ID: 4593691
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)	750.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 246 (check only one)    X   11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH	Statements may not be sold or used by any person e name and address of any political committee to HODONTISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James Gibson Mailing Address 1053 Lush Hillside Ct  City Henderson  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code NV 89002  C  Occupation Orthodontist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Jon Miler Mailing Address 667 E Silver Torch St  City Meridian  FEC ID number of contributing federal political committee.	State Zip Code ID 83646	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Dr. Timothy R. Pearson Mailing Address 148 Erselia Tr City	State Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Alamo FEC ID number of contributing federal political committee.	CA 94507	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per- the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Thomas H. Cartledge, III  Mailing Address 417 N Beach St		Date of Receipt  0 8 0 1 2 0 0 8
City Ormond Beach  FEC ID number of contributing federal political committee.	State Zip Code FL 32174	Transaction ID: 4593695  Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Dr. Sally A. Gupton Mailing Address 970 Gladastry Ln		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City Lower Gynedd	State Zip Code PA 19002	Transaction ID: 4593697  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Dr. Jonathan Shanker  Mailing Address 9 High Acres Dr		Date of Receipt
City	State Zip Code	0 8 0 1 2 0 0 8 Transaction ID: 4593699
Saint Louis  FEC ID number of contributing federal political committee.	MO 63132	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	)	750.00

SCHEDULE A (FITEMIZED RECE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purpose  NAME OF COMMITTE	es, other than using the name and EE (In Full)	address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN ASSO	CIATION OF ORTHODONTI	STS POLITICAL ACTION COI	MMITTEE
Full Name (Last, First, Dr. Dwight D. Baker	Middle Initial)		Date of Receipt
Mailing Address 388	36 Westminster Pl		0 8 0 1 2 0 0 8
City	State	Zip Code	Transaction ID: 4593700
Idaho Falls	ID	83404	Amount of Each Receipt this Period
FEC ID number of con federal political commit			250.00
Name of Employer Self-Employed	Occupa Orthod		
Receipt For: Primary Other (specify)	General	ate Year-to-Date ▼ 250.00	
Full Name (Last, First, Dr. Angela R. Becker	Middle Initial)		Date of Receipt
Mailing Address 361	9 N County Line Rd W		08 01 2008
City	State	Zip Code	Transaction ID: 4593701
Huntertown	IN	46748-9788	Amount of Each Receipt this Period
FEC ID number of con federal political commit			250.00
Name of Employer Self-Employed	Occupa Orthod		
Receipt For:		ate Year-to-Date	_
Primary Other (specify)	General	250.00	
Full Name (Last, First, Dr. Frank R. Besson, Jr.	,		Date of Receipt
Mailing Address 31	Allenby Ln		08 01 2008
City	State	Zip Code	Transaction ID: 4593702
Scotch Plains	NJ	07076	Amount of Each Receipt this Period
FEC ID number of con federal political commit			250.00
Name of Employer Self-Employed	Occupa Orthod		
Receipt For: Primary Other (specify)	General	ate Year-to-Date ▼ 250.00	
			750.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and State	tements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 246 (check only one)    X
\ 	or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTHO			
Α.	Full Name (Last, First, Middle Initial)  Dr. Olga Bukholts  Mailing Address 20 W 64th St #32-E			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: 4593703
	New York	NY	10023-7138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer  Receipt For:	Occupation Aggregate	n Year-to-Date ▼	
_	Primary General Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Stephen T. Hicks			Date of Receipt
	Mailing Address 7589 Stone Creek Ct			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 4593704
	Mobile	AL	36695	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor	ntist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
c. –	Full Name (Last, First, Middle Initial) Dr. Paul David Johnson			Date of Receipt
	Mailing Address 1621 South Old Dixie Hv	wy		08 / 01 / 2008
	City <u>Bunnell</u>	State FL	Zip Code 32110	Transaction ID: 4593705  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC FITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 246 (check only one)  X 11a 11b 11c 12
Any information copied from such or for commercial purposes, othe NAME OF COMMITTEE (In F		ay not be sold or used by any pers ddress of any political committee t	son for the purpose of soliciting contributions so solicit contributions from such committee.
· · ·	•	TS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Dr. George H. Nahas			Date of Receipt
Mailing Address 55 Butler	St		08 01 2008
City	State	Zip Code	Transaction ID: 4593706
Kingston  FEC ID number of contributing federal political committee.	PA C	18704	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupati Orthodo		
Receipt For:  Primary Gener  Other (specify) ▼	00 0	te Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Dr. Robert Shoff	Initial)		Date of Receipt
Mailing Address 13321 Tie	erra Hts		08 01 2008
City	State	Zip Code	Transaction ID: 4593707
Redding FEC ID number of contributing federal political committee.	CA C	96003	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupati Orthodo		
Receipt For:  Primary Gener  Other (specify) ▼		te Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Dr. Piero G. Palacios	Initial)		Date of Receipt
Mailing Address 1111 Bric	kell Bay Dr #409		0 8 0 1 2 0 0 8
City <u>Miami</u>	State FL	Zip Code 33131	Transaction ID: 4593711  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-employed	Occupati Orthodo		
Receipt For:  Primary Gener  Other (specify) ▼	Aggrega	te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Pa	age (optional)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE   110 / 246   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OI	RTHODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. James J. Awbrey, IV			Date of Receipt
Mailing Address 1210 Troon Ct			0 8 0 1 2 0 0 8
City Alpharetta	State GA	Zip Code 30005	Transaction ID: 4593714  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert D. Colter			Date of Receipt
Mailing Address 13444 E Grotto Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Brazil	State IN	Zip Code 47834	Transaction ID: 4593715  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1.001	250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Robert P. Lorentz			Date of Receipt
Mailing Address 3490 Tournament	Dr S		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Memphis	State TN	Zip Code 38125	Transaction ID: 4593717  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30123	250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		750.00

	ILE A (FEC Form 3) D RECEIPTS	<b>K)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 111 / 246   (check only one)     X
Any information	on copied from such Reports a rcial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	COMMITTEE (In Full) AN ASSOCIATION OF OF	RTHODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name	(Last, First, Middle Initial) Park			Date of Receipt
Mailing Ad	Idress			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 4593718  Amount of Each Receipt this Period
	umber of contributing litical committee.	C		250.00
Name of E Self-Empl	mployer oyed	Occupation Orthodor		
Receipt Fo		Aggregate	Year-to-Date ▼ 250.00	
	(Last, First, Middle Initial)	I		Date of Receipt
Mailing Ad	ldress 3828 Lower Park F	ld		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Orlando		State FL	Zip Code 32814	Transaction ID: 4593720  Amount of Each Receipt this Period
FEC ID nu	umber of contributing litical committee.	C	02014	250.00
Name of E Self-Empl	Employer oyed	Occupation Orthodor		
Receipt Fo		<del>- ' '</del>	e Year-to-Date ▼ 400.00	
	(Last, First, Middle Initial) r L. Zablocki			Date of Receipt
	Idress 19293 Skyline			0 8 0 1 2 0 0 8
City Roseville		State MI	Zip Code 48066	Transaction ID: 4593721
FEC ID nu	umber of contributing litical committee.	C	40000	Amount of Each Receipt this Period 250.00
Name of E Self-Empl	Employer oyed	Occupation Orthodor		
Receipt Fo			e Year-to-Date ▼ 500.00	
CURTOTAL	of Receipts This Page (optional	al)		750.00

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 246 (check only one)    X   11a
or for comme	ion copied from such Reports and Sercial purposes, other than using the COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	CAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION CO	MMITTEE
Dr. Ronald	e (Last, First, Middle Initial) d M. Bellohusen			Date of Receipt
City	ddress 50 Thornapple Dr	State	Zip Code	0 8 0 1 2 0 0 8 Transaction ID: 4593722
Elmira		NY	14903	Amount of Each Receipt this Period
FEC ID no	umber of contributing litical committee.	C		250.00
Name of E Self-Empl	Employer loyed	Occupation Orthodol		
	or: nary General er (specify) <b>▼</b>	Aggregate	e Year-to-Date ▼ 250.00	
Dr. Paul A	e (Last, First, Middle Initial) . DiFranco, Jr. ddress 213 N Dee Rd			Date of Receipt
	21011200114			08 01 2008
City		State	Zip Code	Transaction ID: 4593723
Park Ric	•	IL	60068-5106	Amount of Each Receipt this Period
federal po	umber of contributing slitical committee.	C		250.00
Name of E Self-Empl	loyed	Occupation Orthodol	ntist	
	or: nary General er (specify) <b>▼</b>	Aggregate	e Year-to-Date ▼ 250.00	
Full Name Dr. Robert	e (Last, First, Middle Initial) : W. Fry			Date of Receipt
Mailing Ad	ddress 12340 Pflumm Rd			08 01 2008
City <u>Olathe</u>		State KS	Zip Code 66062	Transaction ID: 4593724
FEC ID no	umber of contributing litical committee.	C	00002	Amount of Each Receipt this Period  250.00
Name of E Self-Empl	Employer loyed	Occupation Orthodox		
	or: nary General er (specify) <b>▼</b>	Aggregate	e Year-to-Date ▼ 250.00	
		1		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 246 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF OF	RTHODONTISTS POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. William Francis Hodges, Jr.		Date of Receipt
Mailing Address 141 A South Comm	State Zip Code	0 8
City Tupelo	MS 38804	Transaction ID: 4593725  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Todd H. Rankin		Date of Receipt
Mailing Address 801 Trilliums Hidea	way	08 01 2008
City	State Zip Code	Transaction ID: 4593726
New Bern	NC 28562	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) Dr. Carroll L. Sherman		Date of Receipt
Mailing Address #2 Steeplechase Tr	1	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4593727
Longview	TX 75605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>	750.00
TOTAL This Period (last page this line num	·	

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any personal schedule(s)	FOR LINE NUMBER: PAGE 114 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  In for the purpose of soliciting contributions
A.	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH  Full Name (Last, First, Middle Initial)  Dr. Darrel R. Sherman			
Α.	Mailing Address 1200 Hillcrest City	State	Zip Code	0 8 0 1 2 0 0 8 Transaction ID: 4593728
	Longview FEC ID number of contributing federal political committee.	C	75601	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Orthodo Aggregate		
В.	Full Name (Last, First, Middle Initial) Dr. Timothy Allen Theisen Mailing Address 860 Biester Dr  City Belvidere  FEC ID number of contributing federal political committee.	State IL	Zip Code 61008	Date of Receipt  M M M / D D / Y Y Y Y Y  0 8 2 0 0 8  Transaction ID: 4593729  Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodo Aggregate		
С.	Full Name (Last, First, Middle Initial) Dr. Keith B. Dressler  Mailing Address 9 St Ives Way			Date of Receipt    M
	City Signal Mountain FEC ID number of contributing federal political committee.	State TN	Zip Code 37377	Transaction ID: 4593731  Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupation Orthodo	ntist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 246 (check only one)    X
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personing the name and address of any political committee to ORTHODONTISTS POLITICAL ACTION COM-	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Shawn M. Perce Mailing Address 26220 Marsh La City	anding Pkwy State Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Ponte Vedra  FEC ID number of contributing federal political committee.	FL 32082	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Avtar Grewal Mailing Address		Date of Receipt  0 8 0 1 2 0 0 8
City	State Zip Code	Transaction ID: 4593734  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	Occupation Orthodontist	250.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Keith J. Kohrs Mailing Address 3267 Chandon V	Nay	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Highlands Ranch	State Zip Code CO 80126	Transaction ID: 4593737
FEC ID number of contributing federal political committee.	C 80126	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opt	ional)	750.00

SCHEDULE A (FEC Form ) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any perso ing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN ASSOCIATION OF	ORTHODONTISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) Dr. Darrin M. Storms  Mailing Address 3710 Monte Vallo	a May	Date of Receipt
		08 01 2008
City	State Zip Code  AR 72764-7869	Transaction ID: 4593738
Fayetteville  FEC ID number of contributing federal political committee.	AR 72764-7869	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Devon R. Cook		Date of Receipt
Mailing Address 108 Reston Drive	9	08 01 7 9 9 9
City	State Zip Code IN 47630	Transaction ID: 4593739
Newburgh  FEC ID number of contributing federal political committee.	IN 47630	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Timothy M. Reddy		Date of Receipt
Mailing Address 3110 Apple Orch	ard Ln	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45238	Transaction ID: 4593740  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	onal)	750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 246 (check only one)    X
A	ny information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORT			
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Dr. Nathan M. Downey  Mailing Address 4839 Rays Cir			Date of Receipt    M
	City Dublin	State OH	Zip Code 43016	Transaction ID: 4593746  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed  Receipt For: Primary General	Occupatio Orthodor Aggregate		
	Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial)  Dr. Lyle E. Muller  Mailing Address 7987 Poplar Ave			Date of Receipt  0 8 0 6 2 0 0 8
	City	State	Zip Code	Transaction ID: 4601454
	Germantown  FEC ID number of contributing federal political committee.	C	38138-3812	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Mart Gaynor McClellan			Date of Receipt
	Mailing Address 1133 Edgewood Rd			08 / 06 / 2008
	City Lake Forest	State IL	Zip Code 60045	Transaction ID: 4601455  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	- ·	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		750.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	<b>(,</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 246 (check only one)    X   11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF OF	RTHODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Donald C. Wilson			Date of Receipt
Mailing Address 3132 SW Westover	Rd		08 / 06 / 4 4 4 4
City	State	Zip Code	Transaction ID: 4601456
<u>Topeka</u>	KS	66604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:	<del> </del>	Year-to-Date V	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Bruce R. Molen			Date of Receipt
Mailing Address 714 W Hi Crest Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4601457
Auburn	WA	98001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Andrew Kapust			Date of Receipt
Mailing Address 6712 Klein St NW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4601458
<u>Olympia</u>	WA	98502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		7
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General Other (specify) ▼	0 0	600.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 246 (check only one)    X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers g the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COI	
Full Name (Last, First, Middle Initial) Dr. Michelle Neal		Date of Receipt
Mailing Address 4424 95th Ave NE		08 06 2008
City	State Zip Code	Transaction ID: 4601460
Bellevue FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Danny Terry Smith		Date of Receipt
Mailing Address 107 Seward St		08 06 YYYYY 08 06 2008
City	State Zip Code	Transaction ID: 4601461
Thomasville	GA 31792-5528	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert B. Moss, Jr.	L	Date of Receipt
Mailing Address 349 Hickory Grove	Rd	08 06 YYYYY 08 06 2008
City	State Zip Code	Transaction ID: 4601462
<u>Leesburg</u>	GA 31763	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	750.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 246 (check only one)  X 11a 11b 11c 12
Any infor	mation copied from such Reports and Sta nmercial purposes, other than using the n	atements may r	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
\	OF COMMITTEE (In Full) RICAN ASSOCIATION OF ORTHO	DDONTISTS	POLITICAL ACTION COM	IMITTEE
	ame (Last, First, Middle Initial) bbert M. Cuenin			Date of Receipt
Mailin	g Address 18 Gary Way			08 06 2008
City		State	Zip Code	Transaction ID: 4601463
<u>Alam</u>	10	CA	94507	Amount of Each Receipt this Period
	D number of contributing all political committee.	С		250.00
Name Self-E	of Employer Employed	Occupation Orthodonti	st	
	pt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
	ame (Last, First, Middle Initial)			Date of Receipt
Mailin	g Address 5621 SW Urish Rd			08 06 2008
City		State	Zip Code	Transaction ID: 4601464
<u>Tope</u>		KS	66610	Amount of Each Receipt this Period
	D number of contributing al political committee.	С		500.00
Name Self-E	of Employer Employed	Occupation Orthodonti	st	
	pt For:	Aggregate Y	ear-to-Date ▼	
	Primary ☐ General Other (specify) ▼		500.00	
	ame (Last, First, Middle Initial)  tt DiCiccio			Date of Receipt
Mailin	g Address 8045 N Rivers Edge Rd			08 06 2008
City		State	Zip Code	Transaction ID: 4601465
	D number of contributing all political committee.	CA	93711	Amount of Each Receipt this Period  250.00
Name Self-E	of Employer Employed	Occupation Orthodonti	qt	
	pt For: Primary General Other (specify) ▼		ear-to-Date ▼ 250.00	
SUBTO	TAL of Receipts This Page (optional)		<b>&gt;</b>	1000.00

City Swampscott MA  City State City Side Employer Self-Ec ID number of contributing lederal political committee.  C  C  C  C  C  C  C  C  C  C  C  C  C		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 246 (check only one)    X
A. Dr. Walter A. Weaver, Jr.  Mailing Address 25 Dale St  City State Zip Code Swampscott MA 01907-1306  FEC ID number of contributing federal political committee.  Name of Employer Orthodontist  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Transaction ID: 4601467  Amount of Each Receipt his Period  250.00  Date of Receipt  Aggregate Year-to-Date ▼  Transaction ID: 4601467  Amount of Each Receipt his Period  Date of Receipt  Aggregate Year-to-Date ▼  Transaction ID: 4601467  Amount of Each Receipt his Period  Date of Receipt  Aggregate Year-to-Date ▼  Transaction ID: 4601467  Amount of Each Receipt his Period  Date of Receipt  Aggregate Year-to-Date ▼  Transaction ID: 4601467  Amount of Each Receipt his Period  C 250.00  Date of Receipt  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Dr. Joe Michael Richards  Mailing Address 1611 Lake Wilderness Ln  City State Zip Code  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Dr. Joe Michael Richards  Mailing Address 1611 Lake Wilderness Ln  City State Zip Code  Kingwood TX 77345  FEC ID number of contributing federal political committee.  C 250.00  Date of Receipt  Transaction ID: 4601468  Amount of Each Receipt his Period  Transaction ID: 4601468  Amount of Each Receipt his Period  C 250.00  Transaction ID: 4601468  Amount of Each Receipt his Period  Aggregate Year-to-Date ▼  Transaction ID: 4601468  Amount of Each Receipt his Period  Aggregate Year-to-Date ▼  Primary General  Other (specify) ▼  Occupation  Orthodontist  Receipt For: Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼		NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
Swampscott  MA  01907-1306  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Other (specify) ▼  State Zip Code Millothian  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Other (specify) ▼  State Zip Code Millothian  VA  23113  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  State Zip Code Transaction ID: 4601467  Amount of Each Receipt this Period  Transaction ID: 4501467  Amount of Each Receipt this Period  Date of Receipt  VA  23113  FEC ID number of contributing federal political committee.  City Primary General Other (specify) ▼  State Zip Code Transaction ID: 4501468  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 4501468	<b>∆</b> <b>A</b> .	Dr. Walter A. Weaver, Jr.  Mailing Address 25 Dale St	State	Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:    Primary		FEC ID number of contributing		01907-1306	
Date of Receipt  Mailing Address 2636 Mulberry Row Rd  City State Zip Code VA 23113  FEC ID number of contributing federal political committee.  Name of Employer Self-Employer  City State Zip Code VA 23113  Formal Primary General Other (specify) ▼  City State Zip Code VA 23113  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Dr. Joe Michael Richards  Mailing Address 1611 Lake Wilderness Ln  City State Zip Code Transaction ID: 4601468  Kingwood TX 77345  FEC ID number of contributing federal political committee.  City State Zip Code Transaction ID: 4601468  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City State Zip Code Transaction ID: 4601468  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City Cocupation Orthodontist  Receipt For: Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼		Receipt For: Primary General	Orthodo	ntist e Year-to-Date ▼	
City State Zip Code VA 23113  FEC ID number of contributing federal political committee.  C	- 3.	Dr. George E. Davis, III	Rd		M M / D D / Y Y Y Y
Name of Employer Self-Employed		•		•	Transaction ID: 4601467
Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Joe Michael Richards  Mailing Address 1611 Lake Wilderness Ln  City State Zip Code  Kingwood TX 77345  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  Occupation  Orthodontist  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  250.00		federal political committee.		on	250.00
Dr. Joe Michael Richards  Mailing Address 1611 Lake Wilderness Ln  City State Zip Code Kingwood TX 77345  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify) ▼  Date of Receipt  M M M O 0 6 0 2 0 0 8  Transaction ID: 4601468  Amount of Each Receipt this Period  250.00		Receipt For: Primary General	Orthodo	ntist e Year-to-Date ▼	
City  Kingwood  TX  T7345  CITY  State  TX  T7345  Amount of Each Receipt this Period  C  Name of Employer Self-Employed  Primary  Other (specify)   Occupation  Other (specify)   Other (specify)   Occupation  Other (specify)   Occupation  Other (specify)   Occupation  Other (specify)   Occupation  Other (specify)   Other (specify)   Other (specify)   Other (specify)   Occupation  Other (specify)   Occupation  Other (specify)   Occupation  Other (specify)   Other (specify)   Other (specify)   Other (specify)   Occupation  Occupation  Other (specify)   Occupation  Occupa		Dr. Joe Michael Richards	s Ln		M M / D D / Y Y Y Y
Kingwood  TX 77345  Amount of Each Receipt this Period  EC				Zip Code	
federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  250.00		-		•	
Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  250.00			C		250.00
Primary General Other (specify) ▼ 250.00			Orthodo	ntist	
		Primary General	Aggregate	<del></del>	
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)			750.00

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 122 / 246		
ITEMIZED RECEIPTS		for each category of the	(check only one)		
II LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12		
			13 14 15 16 17		
Any information copied from such Reports and State or for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
AMERICAN ASSOCIATION OF ORTHO	ODONTIST	S POLITICAL ACTION COM	MMITTEE		
Full Name (Last, First, Middle Initial) Dr. David O. Adame			Date of Receipt		
Mailing Address 2409 El Encino Dr			08 06 2008		
City	State	Zip Code	Transaction ID: 4601469		
Mission	TX	78574	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Self-Employed	Occupation Orthodor				
Receipt For:	Aggregate	Year-to-Date ▼			
Primary General Other (specify) ▼		500.00			
Full Name (Last, First, Middle Initial) Dr. Edward J. Hilton			Date of Receipt		
Mailing Address 7 Sand Pine Ct			08 06 2008		
City	State	Zip Code	Transaction ID: 4601470		
Mechanicsburg	PA	17050	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Self-Employed	Occupation Orthodor				
Receipt For:	Aggregate	Year-to-Date ▼			
Primary General Other (specify) ▼	0 0	250.00			
Full Name (Last, First, Middle Initial) Dr. Kenneth J. Diminick			Date of Receipt		
Mailing Address 817 Acri Rd			08 06 YYYYY 08 06 2008		
City	State	Zip Code	Transaction ID: 4601471		
Mechanicsburg	PA	17055-2264	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Self-Employed	Occupation Orthodor				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional)			750.00		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 246 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports ar	nd Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	RTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial)  Dr. Thomas G. White		Date of Receipt
Mailing Address 118 Morey Dr		08 06 2008
City	State Zip Code WA 98225	Transaction ID: 4601472
Bellingham  FEC ID number of contributing federal political committee.	WA 98225	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  B. Dr. David J. Nyczepir		Date of Receipt
Mailing Address 14330 Kenmont Dr		08 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4601474
Midlothian	VA 23113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Dr. Steven P. Billings		Date of Receipt
Mailing Address 9980 NW Windover	r Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Parkville	State Zip Code MO 64153	Transaction ID: 4601475  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 246 (check only one)    X
Any information copied from such Reports and St. or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
AMERICAN ASSOCIATION OF ORTH	ODON 1151	S POLITICAL ACTION CON	MMIIIEE
Full Name (Last, First, Middle Initial) Dr. David C. Gehring			Date of Receipt
Mailing Address 3805 Green Valley Ln			08 06 2008
City	State	Zip Code	Transaction ID: 4601476
Toddville	IA	52341	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodox		
Receipt For:	Aggregate	e Year-to-Date 🔻	7
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. James Brian Indiveri			Date of Receipt
Mailing Address 13121 Cedar			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4601478
Leawood	KS	66209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodol		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Curtis H. Beck			Date of Receipt
Mailing Address 14 Great Meadow Road	k		08 06 7 2008
City	State	Zip Code	Transaction ID: 4601479
New Fairfield	СТ	06812-2811	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodol		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 246 (check only one)    X   11a		
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)				
AMERICAN ASSOCIATION OF ORTH	HODONTISTS POLITICAL ACTION COM	MITTEE		
Full Name (Last, First, Middle Initial) Dr. L. Alan Jones  Mailing Address 516 Bradford Ln		Date of Receipt		
		08 06 2008		
City Huntsville	State Zip Code AL 35811	Transaction ID: 4601480		
FEC ID number of contributing federal political committee.	AL 35811	Amount of Each Receipt this Period  250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. John R. Valant	Date of Receipt			
Mailing Address 6 Turtle Creek Bend	08 06 Y Y Y Y Y Y			
City	•			
<u>Dallas</u>	TX 75204	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00			
Full Name (Last, First, Middle Initial) Dr. Steven S. Sabatino	<u> </u>	Date of Receipt		
Mailing Address 15045 N 14th Ave	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: 4601483		
Phoenix	AZ 85023	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 250.00			
Other (Specify)				
SUBTOTAL of Receipts This Page (optional)	······	750.00		
TOTAL This Period (last page this line number	only)			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>A</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 126 / 246   (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	<u> </u>	•	
Full Name (Last, First, Middle Initial) Dr. Michael L. Conlon			Date of Receipt
Mailing Address 29920 Tanya Trail			08 06 YYYY 08 06 2008
City	State	Zip Code	Transaction ID: 4601485
Libertyville FEC ID number of contributing federal political committee.	C	60048	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Ronald G. Heiber	Date of Receipt		
Mailing Address 1362 Hemlock Ct I	NE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lancaster	State OH	Zip Code 43130-1177	Transaction ID: 4601486
FEC ID number of contributing federal political committee.	C	40100-1177	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:  Primary General  Other (specify) ▼	<del> </del>	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John C. White			Date of Receipt
Mailing Address 3534 St Andrews I	_ane		0 8 0 6 2 0 0 8
City	State	Zip Code	Transaction ID: 4601487
Richfield  FEC ID number of contributing federal political committee.	OH C	44286	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option			750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 246 (check only one)    X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH			
∠ <b>\</b> .	Full Name (Last, First, Middle Initial) Dr. Lloyd Noel			Date of Receipt
	Mailing Address 420 SW Riverbend Dr			08 06 2008
	City West Linn	State OR	Zip Code 97068	Transaction ID: 4601488
	FEC ID number of contributing federal political committee.	C	97008	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupation		
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Robert S. Portenga  Mailing Address 6387 Peninsula Dr			Date of Receipt
	City	Ctata	7:- Oada	08 06 2008
	City Traverse City	State MI	Zip Code 49684	Transaction ID: 4601489  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000	250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) Dr. Shari N. Lisann			Date of Receipt
	Mailing Address 60 Willow Cres			08 06 2008
	City	State	Zip Code	Transaction ID: 4601490
	Brookline	MA	02445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Ę	SUBTOTAL of Receipts This Page (optional)			750.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 246 (check only one)    X
	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
/ /	AMERICAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION CON	MMITTEE
. <u>I</u>	Full Name (Last, First, Middle Initial) Dr. Christopher S. Freeman			Date of Receipt
ľ	Mailing Address 501 SE 2nd St #443			08 06 2008
	City	State	Zip Code	Transaction ID: 4601492
	Fort Lauderdale	<u>FL</u>	33301	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
<u>1</u> ;	Name of Employer Self-Employed	Occupation Orthodor		
Ī	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. John M. Damas	0 0		Date of Receipt
-	Mailing Address 4 Sorrel Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
(	City	State	Zip Code	Transaction ID: 4601493
Ţ	Lemont	IL	60439-9735	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
1	Name of Employer Self-Employed	Occupation Orthodor		
Ī	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) Dr. Beth Lynn Faber			Date of Receipt
-	Mailing Address 2018 Retreat Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
(	City	State	Zip Code	Transaction ID: 4601494
<u> </u>	Mechanicsville	VA	23111	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		500.00
1	Name of Employer Self-Employed	Occupation Orthodor		7
Ī	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 500.00	
SU	BTOTAL of Receipts This Page (optional)		<b>\</b>	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 246 (check only one)    X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to THODONTISTS POLITICAL ACTION CON	
Full Name (Last, First, Middle Initial) Dr. Michael D. Riordan		Date of Receipt
Mailing Address 7084 Montgomery Ro	d	08 06 2008
City	State Zip Code	Transaction ID: 4601495
<u>Lake Wilie</u>	SC 29710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. H. Eldon Attaway		Date of Receipt
Mailing Address 2909 Pacific Ct		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4601496
Irving	TX 75062-4690	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Tom H. Shelly		Date of Receipt
Mailing Address 714 15th Ave N		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fort Dodge	State Zip Code IA 50501-3958	Transaction ID: 4601498  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 30301-3330	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such R or for commercial purposes, other the NAME OF COMMITTEE (In Full	eports and Statements may not be sold or used by any pe an using the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.		
AMERICAN ASSOCIATION	OF ORTHODONTISTS POLITICAL ACTION CO	OMMITTEE		
Full Name (Last, First, Middle Ini Dr. Martha E. Dovali		Date of Receipt		
Mailing Address 4850 Yale S		08 / 06 / 2008		
City Montclair	State Zip Code CA 91763	Transaction ID: 4601499  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C 91705	250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Ini Dr. Thomas S. Dietrich Mailing Address 1267 Maria				
	08 06 2008			
City	State Zip Code	Transaction ID: 4601500		
Alliance	OH 44601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Ini Dr. Mandana Mozayeni-Azar	ial)	Date of Receipt		
	Mailing Address 3189 Lander Rd			
City	State Zip Code	Transaction ID: 4601501		
Pepper Pike  FEC ID number of contributing federal political committee.	OH 44124	Amount of Each Receipt this Period  250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page	(optional)	750.00		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORT	HODONTIST	S POLITICAL ACTION CO	MMITTEE
۸.	Full Name (Last, First, Middle Initial) Dr. James L. Wetzel, Jr.			Date of Receipt
	Mailing Address 3305 Bella Vista Dr			08 06 2008
	City Casper	State WY	Zip Code 82601-5328	Transaction ID: 4601503  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Harold L. Frank	Date of Receipt		
	Mailing Address 13208 Jasmine Hill To	08 / 06 / 2008		
	City Rockville	State MD	Zip Code 20850	Transaction ID: 4601505
	FEC ID number of contributing federal political committee.	C	20000	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 750.00	
_	Full Name (Last, First, Middle Initial) Dr. Tara Savage	Date of Receipt		
	Mailing Address 25 Cambridge Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 4601506
	Morganville FEC ID number of contributing federal political committee.	C	07751	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:  Primary  General  Other (specify) ▼	<del>- '</del>	e Year-to-Date ▼ 250.00	
Ę	SUBTOTAL of Receipts This Page (optional) .	1		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements may not be sold or used by any personal statement and address of any political committee to THODONTISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Austin W. Feeney  Mailing Address 87 Perkins Rd  City Greenwich  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	State Zip Code CT 06830  C Occupation Orthodontist	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Kevin L. Denis  Mailing Address 61 Pine St  City  Mahtomedi  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	State Zip Code MN 55115  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 8
Full Name (Last, First, Middle Initial) Dr. John F. Oliver Mailing Address 2414 Crockett  City Brownwood	State Zip Code TX 76801	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	Occupation Orthodontist  Aggregate Year-to-Date   250.00	250.00
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 246 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH	catements may not be sold or used by any personame and address of any political committee to ODONTISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Alan C. Perry Mailing Address 3104 Green Leaf Ln  City	State Zip Code	Date of Receipt    M
Lake Charles  FEC ID number of contributing federal political committee.	LA 70605	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Dr. Deborah R. New Mailing Address 23 Bellaqua Estates Ct  City Rochester  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:	State Zip Code NY 14624-5361  C  Occupation Orthodontist  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Anthony Myers Puntillo  Mailing Address 1551 Hogan Ave  City Chesterton  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code IN 46304  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 11	
or for commercial purposes, other t	than using the name and add	not be sold or used by any pers ress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.	
NAME OF COMMITTEE (In Fu AMERICAN ASSOCIATION	•	S POLITICAL ACTION CO	MMITTEE	
Full Name (Last, First, Middle Ir Dr. Anthony W. Durall	nitial)		Date of Receipt	
Mailing Address #9 Hilltop [	Or		0 8 0 6 Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 4601514	
Owensboro	KY	42303-2739	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Self-Employed	Occupation Orthodon			
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Ir	nitial)		Date of Receipt	
	Mailing Address 6808 Oakwood Manor Dr			
City	State	Zip Code	Transaction ID: 4601515	
Crystal Lake	<u> L</u>	60012	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Self-Employed	Occupation Orthodon			
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Ir	nitial)		Date of Receipt	
Mailing Address 1517 Pano	rama Dr		08 06 2008	
City	State	Zip Code	Transaction ID: 4601516	
Birmingham	AL	35216	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Self-Employed	Occupation Orthodon			
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Pag	e (optional)		750.00	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Repor or for commercial purposes, other than u	rts and Statements may not be sold or used by any persousing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
' '	ORTHODONTISTS POLITICAL ACTION COM	1MITTEE
Full Name (Last, First, Middle Initial) Dr. Ray P. Vanderhook		Date of Receipt
Mailing Address 416 Shepherd L	_n	08 06 7 2008
City	State Zip Code	Transaction ID: 4601517
Shepherdstown	WV 25443	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Stephen J. Belli		Date of Receipt
Mailing Address 647 Rustic Knol	II Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4601518
<u>Kent</u>	OH 44240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Orthodontist	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Debi Berger		Date of Receipt
Mailing Address 240 W 98th St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New York	State Zip Code NY 10025	Transaction ID: 4601519  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (op	tional)	1000.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 246 (check only one)    X
A o	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>.</b> .	Full Name (Last, First, Middle Initial) Dr. Lawrence Frank Cacchiotti			Date of Receipt
	Mailing Address 3011 Marks Rd  City	State	Zip Code	0 8 0 6 2 0 0 8 Transaction ID: 4601520
	Yakima	WA	98903-9703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. John E. Murphy Mailing Address 870 Colcord Place			Date of Receipt
	Walling Address 670 Colcold Flace	08 06 2008		
	City	State	Zip Code	Transaction ID: 4601521
	Glen Ellyn	<u>IL</u>	60137-4622	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. William R. Beam	1		Date of Receipt
	Mailing Address 1530 W Melrose			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 4601522
	Chicago	<u> </u>	60657	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
\[	SUBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form 32 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 246 (check only one)    X   11a
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Michael L. Gold Mailing Address 1743 E Handel St City	State Zip Code	Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
Meridian  FEC ID number of contributing federal political committee.	ID 83646	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed  Receipt For:  Primary  General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Dr. Steven S. Banks Mailing Address 6050 N Avondale		Date of Receipt  0 8 0 6 2 0 0 8
City Chicago  FEC ID number of contributing federal political committee.	State Zip Code IL 60631	Transaction ID: 4601524  Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist  Aggregate Year-to-Date	
Primary General Other (specify) ▼	Aggregate Year-to-Date ¥	
Full Name (Last, First, Middle Initial) Dr. Ronald A. Cohen Mailing Address 526 Twin Eagles L	vd	Date of Receipt  0 8 0 6 2 0 0 8
City Fort Wayne	State Zip Code IN 46748	Transaction ID: 4601525  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	al)	750.00

SCHEDULE A (FEC I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
or for commercial purposes, othe  NAME OF COMMITTEE (In I	er than using the name and a Full)	ddress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle		STS POLITICAL ACTION CO	MMITTEE
Dr. Anthony Thomas Lovrovich  Mailing Address 3867 50tl	h Ave NE		Date of Receipt  0 8 0 6 2 0 0 8
City	State	Zip Code	Transaction ID: 4601526
<u>Seattle</u>	WA	98105	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		250.00
Name of Employer Self-Employed	Occupat Orthod		
Receipt For:  Primary Gene  Other (specify) ▼		ate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Dr. Shari L. Wolsky	e Initial)		Date of Receipt
Mailing Address 35430 Sp	oicebush Ln	08 06 2008	
City	State	Zip Code	Transaction ID: 4601527
Solon	<u>OH</u>	44139	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		250.00
Name of Employer Self-Employed	Occupat Orthod		
Receipt For:  Primary General Other (specify) ▼		ate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Dr. Greg C. Nalchajian	e Initial)		Date of Receipt
Mailing Address 1080 E K	ćelso Ave		08 06 YYYYY 08 06 2008
City <u>Fresno</u>	State CA	Zip Code 93720-2517	Transaction ID: 4601528  Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		500.00
Name of Employer Self-Employed	Occupat Orthod		
Receipt For:  Primary General Other (specify) ▼	Aggrega	ate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This P	lage (optional)		1000.00

Mailing Address 10035 Los Cansados NW  City  Albuquerque  NM  87111-2069  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  City  Full Name (Last, First, Middle Initial)  Dr. Virginia A. Mennemeyer  Mailing Address 145 Fairway Ln  City  State  Vip Code  MO  63379  Full D number of contributing federal political committee.  City  State  Vip Code  Transaction ID: 4601530  Transaction ID: 4601530  Amount of Each Receipt to 250.00  Date of Receipt  No  No  No  No  No  No  No  No  State  Zip Code  Transaction ID: 4601530  Amount of Each Receipt this Period  City  FEC ID number of contributing federal political committee.  Name of Employer  Self-Employed  Orthodontist  Receipt For:  Primary  General  Other (specify) ▼  Aggregate Year-to-Date ▼  Primary  General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)					
Typi Information copied from such Reports and Statements may not be seld or used by any person for the purpose of selding contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  Dr. Raymond H. Gibbart, III  Mailing Address 10035 Los Cansados NW  City  State Zip Code Abuquerque  NM 87111-2069  FEC (D number of contributing federal political committee)  Pull Name (Last, First, Middle Initial)  Dr. Virginia A. Munnemenyer  Mailing Address 145 Fairway Ln  City  State Zip Code Transaction ID: 4601529  Anount of Each Receipt this Period  Print Name (Last, First, Middle Initial)  Dr. Virginia A. Munnemenyer  Mailing Address 145 Fairway Ln  City  State Zip Code Transaction ID: 4601530  Anount of Each Receipt this Period  Print Name (Last, First, Middle Initial)  Dr. Virginia A. Munnemenyer  Mailing Address 145 Fairway Ln  City  State Zip Code Transaction ID: 4601530  Anount of Each Receipt this Period  Print Name (Last, First, Middle Initial)  Dr. Virginia A. Munnemenyer  Mailing Address 145 Fairway Ln  Cocupation  Orthodontist  Receipt For: Printary General Other (specify) ▼  State Zip Code WA 99217  Fel (D number of contributing lederal political committee)  City  State Zip Code Transaction ID: 4601531  Anount of Each Receipt this Period  Printary  General Other (specify) ▼  State Zip Code WA 99217  Fel (D number of contributing lederal political committee)  City  Spokane  Variable Fee City  Printary  General Other (specify) ▼  State Zip Code  Transaction ID: 4601531  Anount of Each Receipt this Period  Printary  Orthodontist  Apprepate Vear-to-Date ▼  Printary  Orthodontist  Apprepate Vear-to-Date ▼  Printary  General Other (specify) ▼  Orthodontist  Apprepate Vear-to-Date ▼  Printary  Orthodontist  Apprepate Vear-to-Date ▼  Printary  Apprepate Vear-to-Date ▼  Printary  Orthodontist  A		` '		for each category of the	(check only one)
or for commercial purposess, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE  Full Name (Last, First, Middle Initial) Dir. Rigmand H. Gilbert. III Mailing Address 10035 Los Cansados NW  City State Zip Code Albuquerque NM 87111-2089  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Other (specify) ▼  Pull Name (Last, First, Middle Initial) Dr. Scott W. Rajph Moling Address 145 Fairway Ln  City State Zip Code NM 87111-2089  Aggregate Vear-to-Date ▼  Pull Name (Last, First, Middle Initial) Dr. Scott W. Rajph Moling Address 145 Fairway Ln  City State Zip Code Name of Employer Self-Employed  Other (specify) ▼  Pull Name (Last, First, Middle Initial) Dr. Scott W. Rajph Mailing Address 145 Fairway Ln  City State Zip Code Dr. Aggregate Vear-to-Date ▼  Pull Name (Last, First, Middle Initial) Dr. Scott W. Rajph Mailing Address 14101 E Burnett Rd  City State Zip Code Spokane  PEU Name (Last, First, Middle Initial) Dr. Scott W. Rajph Mailing Address 14101 E Burnett Rd  City State Zip Code Spokane  PEU D number of contributing federal political committee.  City State Zip Code Spokane  PEU D number of contributing federal political committee.  City State Zip Code Spokane  PEU D number of contributing federal political committee.  City State Zip Code Spokane  PEU D number of contributing federal political committee.  City State Zip Code Spokane  Name of Employer  Occupation Orthodontist  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼				Detailed Summary Page	
A. D. Regional H. Gibett, III  Full Name (Last, First, Middle Initial)  Displaymont H. Gibett, III  Mailing Address 10035 Los Cansados NW  City  State Zip Code Albuquerque  NM 87111-2689  FEC ID number of contributing federal political committee.  Name of Employer  Orthodontist  Receipt For:  Primary  Mailing Address 145 Fairway Ln  City  State Zip Code  1 Transaction ID: 4601529  Amount of Each Receipt this Period  Primary  Orthodontist  Receipt For:  Primary  Moling Address 145 Fairway Ln  City  State Zip Code  Transaction ID: 4601530  Date of Receipt  Other (specify)   Ell Name (Last, First, Middle Initial)  Dr. Scott W. Raph  Mailing Address 14101 E Burnett Rd  City  Spokane  VA 99217  FEC ID number of contributing federal political committee.  City  Spokane  VA 99217  FEC ID number of contributing federal political committee.  City  Spokane  VA 99217  FEC ID number of contributing federal political committee.  City  Spokane  VA 99217  FEC ID number of contributing federal political committee.  City  Spokane  VA 99217  Aggregate Year-to-Date  V  Aggregate Year-to-Date  V  Aggregate Year-to-Date  V  State  Zip Code  Transaction ID: 4601531  Amount of Each Receipt this Period  Transaction ID: 4601531  Amount of Each Receipt this Period  Transaction ID: 4601531  Amount of Each Receipt this Period  Zip Code  Zip C		Any information copied from such Reports and Stor for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Raymond H. Gilbert, III Mailing Address 10035 Los Cansados NW  City State Zip Code Albuquerque NM 87111-2669 FEC ID number of contributing federal political committies.  Receipt For: Primary General Other (specify) ▼  City State Zip Code Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Dr. Verigina A Mennenergy Mailing Address 145 Fairway Ln  City State Zip Code Troy MO 63379  FEC ID number of contributing federal political committee.  Name of Employer General Office (specify) ▼  Cuputation Orthodontist  Receipt For: Primary General Orthodontist  City State Zip Code Spockane WA 39217  FEC ID number of contributing federal political committee.  City Spockane WA 39217  FEC ID number of contributing federal political committee.  City Spockane WA 39217  FEC ID number of contributing federal political committee.  City Spockane WA 39217  FEC ID number of contributing federal political committee.  City Spockane WA 39217  FEC ID number of contributing federal political committee.  City State Zip Code Spockane WA 39217  FEC ID number of contributing federal political committee.  City State Zip Code Spockane WA 39217  FEC ID number of contributing federal political committee.  City State Zip Code Spockane WA 39210 State Zip Code Spockane WA 39217  FEC ID number of contributing federal political committee.  City State Zip Code Spockane WA 39217  FEC ID number of contributing federal political committee.  City State Zip Code Spockane WA 39217  FEC ID number of contributing federal political committee.  City State Zip Code Spockane WA 39217  FEC ID number of contributing federal political com		NAME OF COMMITTEE (In Full)			
A. Dr. Raymond H. Gilbert, III  Mailing Address 10035 Los Cansados NW  City  State Zip Code NM 87111-2069  FEC ID number of contributing federal political committee.  City  State Zip Code Primary General Other (specify) ▼  City  State Zip Code Date of Receipt For: Primary Aggregate Year-to-Date ▼  PEC ID number of contributing federal political committee.  City  State Zip Code MO 63379  FEC ID number of contributing federal political committee.  City  State Zip Code MO 63379  FEC ID number of contributing federal political committee.  City  State Zip Code MO 63379  FEC ID number of contributing federal political committee.  City  Self-Employer Orthodontist  Receipt For: Primary General Other (specify) ▼  City State Zip Code Name of Employer Orthodontist  Receipt For: Primary General Other (specify) ▼  City State Zip Code State Zip Code Orthodontist  Receipt For: Primary General Other (specify) ▼  City State Zip Code Orthodontist  Aggregate Year-to-Date ▼  FEC ID number of contributing federal political committee.  City Spokane  City State Zip Code Name of Employer Orthodontist  Aggregate Year-to-Date ▼  FEC ID number of contributing federal political committee.  City Spokane  City State Zip Code Name of Employer Orthodontist  Aggregate Year-to-Date ▼  FEC ID number of contributing federal political committee.  City Spokane		AMERICAN ASSOCIATION OF ORTH	ODONTIST	S POLITICAL ACTION COM	IMITTEE
City Albuquerque NM 87111-2069 FEC ID number of contributing lederal political committee.    Name of Employer   Safe Exployer   Safe Exployer	Α.				Date of Receipt
Albuquerque  FEC ID number of contributing tederal political committee.  Name of Employer Self-Employed  Self-Employed  General Other (specify) ▼  Date of Receipt  FEC ID number of contributing tederal political committee.  B. Dr. Verginia A. Mennemeyer  Mailing Address 145 Fairway Ln  City State Zip Code  Troy  MC 63379  FEC ID number of contributing tederal political committee.  Name of Employer  Self-Employed  Self-Employed  General Other (specify) ▼  City State Zip Code  Transaction ID: 4601530  Amount of Each Receipt this Period  FEC ID number of contributing tederal political committee.  C. Primary General Other (specify) ▼  Date of Receipt  Transaction ID: 4601530  Amount of Each Receipt this Period  FEC ID number of contributing tederal political committee.  C. Primary General Other (specify) ▼  Date of Receipt  Transaction ID: 4601531  Amount of Each Receipt this Period  FEC ID number of contributing tederal political committee.  C. Dr. Scott W. Ralph  Mailing Address 14101 E Burnett Rd  City Spokane WA 99217  FEC ID number of contributing tederal political committee.  C. Dr. Scott W. Ralph  Mailing Address 14101 E Burnett Rd  City Spokane WA 99217  FEC ID number of contributing tederal political committee.  C. Primary General Orthodontist  FEC ID number of contributing tederal political committee.  C. Primary General Orthodontist  FEC ID number of contributing tederal political committee.  C. Primary General Orthodontist  FEC ID number of contributing tederal political committee.  C. Primary General Orthodontist  FEC ID number of contributing tederal political committee.  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Cocupation Orthodontist  Amount of Each Receipt this Period  FEC ID number of contributing tederal political committee.  C. Date of Receipt  Amount of Each Receipt this Period  FEC ID number of contributing tederal political committee.  C. Date of Receipt  Amount of Each Receipt this Period  FEC ID number of contributing tederal political committee.  C. Date of Receipt  Am		Mailing Address 10035 Los Cansados N	IW		
FEC ID number of contributing federal political committee.  Name of Employer Self-Employed    Cocupation Orthodontist   Committee   Cocupation		City	State	Zip Code	Transaction ID: 4601529
Same of Employer   Occupation   Orthodontist		Albuquerque	NM	87111-2069	Amount of Each Receipt this Period
Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ 250.00  Full Name (Last, First, Middle Initial) Dr. Virginia A. Mennemeyer Mailing Address 145 Fairway Ln  City State Zip Code MO 63379  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ 250.00  FEC ID number of contributing federal political committee.  C. Full Name (Last, First, Middle Initial) Dr. Scort W. Ralph Mailing Address 14101 E Burnett Rd  City State Zip Code Aggregate Year-to-Date ▼  Primary General Other (specify) ▼ 250.00  Date of Receipt  Aggregate Year-to-Date ▼  Date of Receipt  M M			C		250.00
Primary General Other (specify) ▼		Name of Employer Self-Employed			
B. Full Name (Last, First, Middle Initial) Dr. Virginia A. Mennemeyer Mailing Address 145 Fairway Ln  City State Zip Code MO 63379  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Other (specify) ▼  C. Full Name (Last, First, Middle Initial) Dr. Scott W. Ralph Mailing Address 14101 E Burnett Rd  City State Zip Code WA 99217  Date of Receipt  Transaction ID: 4601530  Amount of Each Receipt this Period  Fec ID number of contributing federal political committee.  C. Full Name (Last, First, Middle Initial) Dr. Scott W. Ralph Mailing Address 14101 E Burnett Rd  City Spokane FEC ID number of contributing federal political committee.  City Spokane FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Orthodontist  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Transaction ID: 4601531  Amount of Each Receipt this Period  Transaction D: 4501531  Amount of Each Receipt this Period  Transaction D: 4501531  Amount of Each Receipt this Period  Transaction D: 4501531  Amount of Each Receipt this Period			Aggregate	e Year-to-Date ▼	
B. Dr. Virginia A. Mennemeyer  Mailing Address 145 Fairway Ln  City State Zip Code MO 63379  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Other (specify) ▼  C. Pull Name (Last, First, Middle Initial) Dr. Scott W. Raiph Mailing Address 14101 E Burnett Rd  City State Zip Code WA 99217  FUIl Name (Last, First, Middle Initial) Dr. Scott W. Raiph Mailing Address 14101 E Burnett Rd  City State Zip Code WA 99217  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Occupation Orthodontist  Receipt For: Aggregate Year-to-Date ▼			0 0	250.00	
City Troy  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  C.  Primary General Other (specify) ▼  C.  Dr. Scott W. Ralph Mailing Address 14101 E Burnett Rd  City Spokane  FEC ID number of contributing federal political committee.  C.  Date of Receipt  M	- В.				Date of Receipt
Troy  MO 63379  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) Dr. Scott W. Ralph  Mailing Address 14101 E Burnett Rd  City State Zip Code Spokane WA 99217  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Name of Employer Self-Employed  Name of Employer Self-Employed  Primary General Other (specify) ▼  Occupation Orthodontist  Receipt For: Primary General Other (specify) ▼  Amount of Each Receipt this Period  Transaction ID: 4601531  Amount of Each Receipt this Period  250.00					
FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼  Page 250.00  Date of Receipt  Date of Receipt  M M J D D J V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		_ *		·	
Name of Employer   Occupation   Orthodontist		Iroy	MO	63379	Amount of Each Receipt this Period
Receipt For:    Primary			C		250.00
Primary General Other (specify) ▼		Name of Employer Self-Employed			
C. Date of Receipt  Mailing Address 14101 E Burnett Rd  City  State  Spokane  FEC ID number of contributing federal political committee.  Name of Employer  Self-Employed  Receipt For:  Primary  Other (specify) ▼  Cupation  Other (specify) ▼			Aggregate	e Year-to-Date ▼	
C. Dr. Scott W. Ralph  Mailing Address 14101 E Burnett Rd  City State Zip Code Spokane WA 99217  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify) ▼  Date of Receipt  M M M O 0 6 0 2 0 0 8  Transaction ID: 4601531  Amount of Each Receipt this Period  250.00				250.00	
City Spokane WA 99217  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify) ▼  Other (specify) ▼  State Zip Code WA 99217  Amount of Each Receipt this Period  250.00  Transaction ID: 4601531  Amount of Each Receipt this Period  250.00	- С.	,			Date of Receipt
Spokane  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼  Amount of Each Receipt this Period  250.00  Aggregate Year-to-Date ▼  250.00		Mailing Address 14101 E Burnett Rd			
FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Occupation Orthodontist  Receipt For: Primary General Other (specify)  Other (specify)   Aggregate Year-to-Date   250.00		City		Zip Code	Transaction ID: 4601531
federal political committee.  Name of Employer Self-Employed Orthodontist  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  250.00		Spokane	WA	99217	Amount of Each Receipt this Period
Receipt For:    Primary   General   250.00     Other (specify) ▼   750.00			C		250.00
Primary General 250.00 Other (specify) ▼  750.00		Name of Employer Self-Employed			
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional)		<b>.</b>	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
or	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORT	HODONTIST	S POLITICAL ACTION CO	MMITTEE
·-	Full Name (Last, First, Middle Initial) Dr. Christian P. Manley Mailing Address 16813 SE 56th PI			Date of Receipt
	City	State	Zip Code	0 8 0 6 2 0 0 8 Transaction ID: 4601532
	Bellevue	WA	98006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Diane S. Paxton			Date of Receipt
	Mailing Address 4427 S Madison Rd	08 06 2008		
	City State		Zip Code	Transaction ID: 4601536
	Spokane FEC ID number of contributing federal political committee.	C	99206	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Richard C. Ellingsen			Date of Receipt
	Mailing Address 1601 S Stanley Ln			08 06 2008
	City	State	Zip Code	Transaction ID: 4601537
	Spokane FEC ID number of contributing federal political committee.	C	99206	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation		
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)			750.00

<b>I</b>	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and St	tatements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 141 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  In for the purpose of soliciting contributions
A.	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH  Full Name (Last, First, Middle Initial) Dr. Charles Calvin Harrington			
	Mailing Address 140 Treehaven St  City  Gaithersburg  FEC ID number of contributing federal political committee.	State MD	Zip Code 20878	Transaction ID: 4601538  Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Orthodor Aggregate		
В.	Full Name (Last, First, Middle Initial) Dr. Eric L. Axelrode  Mailing Address 5167 Saddle Brook Dr  City  Oakland  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:	State CA C Occupation Orthodor Aggregate		Date of Receipt  M M O B O C O C O C O C O C O C O C O C O C
_ C.	Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Nicole M. Scheffler  Mailing Address 233 Crestmoor Dr  City  Boone  FEC ID number of contributing federal political committee.	State NC	Zip Code 28607	Date of Receipt  M M O O O O O O O O O O O O O O O O O
Γ	Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	0 0	ntist e Year-to-Date ▼ 250.00	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 17	
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH	statements may not be sold or used by any person name and address of any political committee to	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Dr. Morris N. Poole  Mailing Address 55 Bristol Rd  City Logan  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code UT 84321  C  Occupation Orthodontist  Aggregate Year-to-Date   500.00	Date of Receipt  M M O 8	
Full Name (Last, First, Middle Initial) Dr. Debra Dobbs Mailing Address PO Box 807  City Saint James  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code NY 11780  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Full Name (Last, First, Middle Initial) Dr. David R. Carden  Mailing Address 24543 Deer Trace Dr  City Ponte Vedra Beach FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code FL 32082  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
SUBTOTAL of Receipts This Page (optional)	·····	1000.00	

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 246 (check only one)    X   11a
	on copied from such Reports and S cial purposes, other than using the COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICA	AN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION CO	MMITTEE
Dr. Malcolm	(Last, First, Middle Initial) n E. (Mac) Steen			Date of Receipt
City	dress 490 Ridge Blvd	State	Zip Code	0 8 0 6 2 0 0 8  Transaction ID: 4601544
Deland		FL	32724	Amount of Each Receipt this Period
	imber of contributing itical committee.	C		250.00
Name of E Self-Emplo	mployer byed	Occupation Orthodor		
Receipt Fo		Aggregate	Year-to-Date ▼ 250.00	
Full Name Dr. James B	(Last, First, Middle Initial) E. Lupi			Date of Receipt
Mailing Add	dress 42 Hermitage Dr			08 06 2008
City		State	Zip Code	Transaction ID: 4601545
<u>Stafford</u>		VA	22556	Amount of Each Receipt this Period
	imber of contributing itical committee.	C		250.00
Name of E Self-Emplo	mployer oyed	Occupation Orthodor		
Receipt Fo		Aggregate	Year-to-Date ▼ 250.00	
Full Name Dr. Tammy	(Last, First, Middle Initial) L. Meister			Date of Receipt
Mailing Add	dress 1605 Summit Ave			08 06 2008
City <u>St</u> Paul		State MN	Zip Code 55105	Transaction ID: 4601546  Amount of Each Receipt this Period
FEC ID nu	imber of contributing itical committee.	C	33103	250.00
Name of E Self-Emplo	mployer byed	Occupation Orthodor		
Receipt Fo		Aggregate	Year-to-Date ▼ 250.00	
		1		750.00

SCHEDULE A (FEC Form 3X)	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 144 / 246 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may no he name and addres	t be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORT	THODONTISTS F	POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial)  Dr. Rachel J. Polgrean			Date of Receipt
Mailing Address 11 Beards Hill Rd			08 06 2008
City	State	Zip Code	Transaction ID: 4601547
Bedford	NH	03110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodontis	t	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  B. Dr. R. Cree Hamilton			Date of Receipt
Mailing Address 1900 Fox Canyon Ci	r		08 06 2008
City	State	Zip Code	Transaction ID: 4601548
Las Vegas	NV	89117-1947	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Self-Employed	Occupation Orthodontis	t	
Receipt For:	Aggregate Ye	ar-to-Date ▼	
Primary General Other (specify) ▼		2000.00	
Full Name (Last, First, Middle Initial)  C. Dr. Loring L. Ross			Date of Receipt
Mailing Address 212 81st Ave N			08 06 2008
City	State	Zip Code	Transaction ID: 4601550
Myrtle Beach	SC	29572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodontis	t	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH			
AMERICAN ASSOCIATION OF ORTH	ODOMISI	5 POLITICAL ACTION CON	IIVIIIIEE
Full Name (Last, First, Middle Initial) Dr. Allen B. Kerr			Date of Receipt
Mailing Address 901 John Q Adams St			08 06 2008
City	State	Zip Code	Transaction ID: 4601551
Oregon City	OR	97045-1924	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard Furman Hewitt			Date of Receipt
Mailing Address 515 Huntington Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4601553
Greenville	SC	29615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gregory J. Jorgensen			Date of Receipt
Mailing Address 6420 Pojoaque NW			08 / 06 / Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4601555
Albuquerque	NM	87120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 246 (check only one)    X
	tion copied from such Reports and ercial purposes, other than using the F COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\ \	CAN ASSOCIATION OF ORT	HODONTIST	S POLITICAL ACTION COM	MITTEE
Dr. Patric	e (Last, First, Middle Initial) k A. Niland			Date of Receipt
Mailing A  City	ddress 264 E Mikyl Ridge Lo	oop State	Zip Code	0 8 0 6 2 0 0 8  Transaction ID: 4601556
<u>Nampa</u>		ID	83686	Amount of Each Receipt this Period
FEC ID r	number of contributing plitical committee.	C		250.00
Name of Self-Emp	Employer oloyed	Occupatio Orthodor		
	For: mary General ner (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Dr. Peter	e (Last, First, Middle Initial) C. Wagner			Date of Receipt
Mailing A	ddress 518 Penning Rd			08 / 06 / Y Y Y Y Y
City		State	Zip Code	Transaction ID: 4601557
<u>Chehali</u>	S	WA	98532	Amount of Each Receipt this Period
	number of contributing plitical committee.	C		250.00
Name of Self-Emp	Employer oloyed	Occupatio Orthodor		
Receipt F		Aggregate	e Year-to-Date ▼	
	mary ☐ General ner (specify) ▼		250.00	
Dr. Rinald	e (Last, First, Middle Initial) do Caponera			Date of Receipt
Mailing A	ddress 1315 NE 14th Ave			08 / 06 / 4 4 4 4
City Fort La	uderdale	State FL	Zip Code 33304	Transaction ID: 4601558  Amount of Each Receipt this Period
FEC ID n	number of contributing political committee.	С		250.00
Name of Self-Emp	Employer oloyed	Occupatio Orthodor		
	For: mary General ner (specify)	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL	L of Receipts This Page (optional)	<u> </u>		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 246 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH			
Full Name (Last, First, Middle Initial)			
Dr. Michael K. Phelan  Mailing Address 7325 Beaumont Ter			Date of Receipt
011	01-1-	7'- 0-1-	08 06 2008
City Suwanee	State GA	Zip Code	Transaction ID: 4601559
FEC ID number of contributing federal political committee.	C	30024	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Leon E. Souweine			Date of Receipt
Mailing Address 72 Broadway			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4601560
Bangor	ME	04401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. D. Briar Diggs			Date of Receipt
Mailing Address 4875 Heaven's Gate			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4601561
Missoula	MT	59803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 246 (check only one)    X
or for commercial purposes, other than usir  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to DRTHODONTISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Raymond M. Maxwell  Mailing Address 16619 117th Way		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4601562
Redmond	WA 98052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Marianne A. DiCerbo	1	Date of Receipt
Mailing Address 41 Darnley Green		08 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code NY 12054	Transaction ID: 4601563
Delmar  FEC ID number of contributing federal political committee.	NY 12054	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Leon V. Siomka	-	Date of Receipt
Mailing Address 7040 Lake Shanno	on Ct	08 06 7 2008
City Fenton	State Zip Code MI 48430	Transaction ID: 4601564  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	rm 3X)  Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 246 (check only one)    X
Any information copied from such Re or for commercial purposes, other the NAME OF COMMITTEE (In Full)	eports and Statements may not be sold or used by any pran using the name and address of any political committe	
AMERICAN ASSOCIATION	OF ORTHODONTISTS POLITICAL ACTION C	OMMITTEE
Full Name (Last, First, Middle Init Dr. Nancy L. Villa	al)	Date of Receipt
Mailing Address 45 Laird Rd  City	State Zip Code	08 06 2008
Colts Neck	NJ 07722	Transaction ID: 4601565  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Init Dr. Thomas J. Marcel	,	Date of Receipt
Mailing Address 2084 Fourth	St	08 06 2008
City	State Zip Code	Transaction ID: 4601566
Livermore	CA 94550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Init Dr. David C. Hamilton, Jr.	ial)	Date of Receipt
Mailing Address 815 36th Av	e PI NW	08 06 2008
City	State Zip Code	Transaction ID: 4601567
Hickory	NC 28601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	1
SUBTOTAL of Receipts This Page	(optional)	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee THODONTISTS POLITICAL ACTION C	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Barton J. Girdwood  Mailing Address 2048 N State Route	123	Date of Receipt  0 8 0 6 2 0 0 8
City	State Zip Code	Transaction ID: 4601568
Lebanon	OH 45036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  Dr. Gary J. Romeo		Date of Receipt
Mailing Address 420 Birch Rd		08 06 2008
City	State Zip Code	Transaction ID: 4601569
<u>Fairfield</u>	CT 06824	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Andrew Trosien	1	Date of Receipt
Mailing Address 8715 Waterwell Wa	у	08 06 YYYYY 2008
City Tracy	State Zip Code CA 95304	Transaction ID: 4601572  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 246 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN ASSOCIATION OF ORTI	HODONTISTS	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Michael L. Koropp			Date of Receipt
Mailing Address 3530 Cutlass Cir			08 06 2008
City	State	Zip Code	Transaction ID: 4601573
Anchorage	AK	99516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jerome A. Jarosz			Date of Receipt
Mailing Address 208 W Plum Grove Ci	M M / D D / Y Y Y Y Y Y O N N N N N N N N N N N N N		
City	State	Zip Code	Transaction ID: 4601574
Arlington Heights	IL	60004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Lamon A. Stewart, Jr.	1		Date of Receipt
Mailing Address 24 Chesapeake Landi	ng		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4601575
Annapolis	MD	21403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		<b>_</b>	750.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 246 (check only one)    X
_	ormation copied from such Reports and S ommercial purposes, other than using the ME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	IERICAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION COM	MMITTEE
Dr. I	Name (Last, First, Middle Initial) Mark W. Joiner			Date of Receipt
Mail —— City	ling Address 240 Fast Lane	State	Zip Code	0 8 0 6 2 0 0 8 Transaction ID: 4601577
	nta Cruz	CA	95065	Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	С		250.00
Nan Self	ne of Employer f-Employed	Occupatio Orthodor		
Rec	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) Robert S. Goldie	<u> </u>		Date of Receipt
Mail	ling Address 8801 Lake Sheen Ct			08 06 2008
City		State	Zip Code	Transaction ID: 4601578
<u>Orl</u>	ando	<u>FL</u>	32836	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		250.00
Nan Self	ne of Employer i-Employed	Occupatio Orthodor		
Red	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 750.00	
	Name (Last, First, Middle Initial) Erin L. McCutchen	1		Date of Receipt
Mail	ling Address 3101 Childers St			08 06 2008
City		State	Zip Code	Transaction ID: 4601581
	leigh	NC	27612	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		250.00
	ne of Employer f-Employed	Occupatio Orthodor		
Rec	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
		1		750.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 153 / 246 (check only one)  X 11a 11b 11c 12
Any infor	mation copied from such Reports and Standard purposes, other than using the r	atements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\	E OF COMMITTEE (In Full) RICAN ASSOCIATION OF ORTHO	ODONTIST	S POLITICAL ACTION COM	<b>I</b> MITTEE
	lame (Last, First, Middle Initial) blin S. Gibson			Date of Receipt
Mailin	g Address 3550 E 100th Ct			08 06 2008
City		State	Zip Code	Transaction ID: 4601582
<u>Thor</u>	nton	CO	80229	Amount of Each Receipt this Period
	D number of contributing all political committee.	C		250.00
Name Self-E	of Employer Employed	Occupation Orthodor		
	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	lame (Last, First, Middle Initial) even G. Garrett			Date of Receipt
Mailin	g Address 788 Johnston Ct			08 06 2008
City		State	Zip Code	Transaction ID: 4601583
-	chester	VA	22601	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		250.00
Name Self-E	of Employer Employed	Occupation Orthodor		
	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	lame (Last, First, Middle Initial) atherine Rene Graber			Date of Receipt
	g Address 911 Central St			M M / D D / Y Y Y Y Y O S O S O S O S O S O S O S O
City Deer	field	State IL	Zip Code 60015	Transaction ID: 4601584  Amount of Each Receipt this Period
FEC I	D number of contributing al political committee.	C		250.00
Name Self-E	of Employer Employed	Occupation		
	pt For: Primary General Other (specify) ▼	-	Year-to-Date ▼ 250.00	
SUBTO	TAL of Receipts This Page (optional)		<b>&gt;</b>	750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 154 / 246 (check only one)  X 11a 11b 11c 12	
Γ	Any information copied from such Reports and Sta	atomonte ma	, 0	n for the purpose of coliciting contributions	
	or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHO	ODONTIST	S POLITICAL ACTION COM	IMITTEE	
Δ.	Full Name (Last, First, Middle Initial) Dr. Robert Baarsvik			Date of Receipt	
	Mailing Address 712 Dana Farms			08 06 7 2008	
	City	State	Zip Code	Transaction ID: 4601585	
	<u>Fairhaven</u>	MA	02719	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupatio Orthodor			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
- В.	Full Name (Last, First, Middle Initial) Dr. Kenneth Y. Kai			Date of Receipt	
	Mailing Address PO Box 3136			08 06 YYYYY 2008	
	City	State	Zip Code	Transaction ID: 4601587	
	San Jose	CA	95156	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupatio Orthodor			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
- С.	Full Name (Last, First, Middle Initial) Dr. Anissa Monseau Anderson			Date of Receipt	
	Mailing Address 15 Neubauer Dr			08 06 2008	
	City	State	Zip Code	Transaction ID: 4601588	
	New Martinsville	WV	26155	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupatio Orthodor			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
	SUBTOTAL of Receipts This Page (optional)			750.00	
_ ∟					

SCHEDULE A ( ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
NAME OF COMMIT	TEE (In Full)	s may not be sold or used by any person d address of any political committee to TISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Firs Dr. Richard E. Grahan Mailing Address 9(	1	e Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
West Harrison FEC ID number of co	NY ontributing	10604	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For: Primary Other (specify)	Aggre General	oation odontist egate Year-to-Date ▼ 250.00	
Full Name (Last, Firs Dr. Danny H. Dickey Mailing Address 18	<u>,                                      </u>		Date of Receipt  0 8 0 6 2 0 0 8
City	Stat	e Zip Code	Transaction ID: 4601590
<u>Tupelo</u>	MS	38804	Amount of Each Receipt this Period
FEC ID number of co federal political comm			250.00
Name of Employer Self-Employed	Occup Ortho	pation odontist	
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 250.00	
Full Name (Last, Firs Dr. Clayton Scott Fulle Mailing Address 3			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	Stat	e Zip Code	Transaction ID: 4601591
Chula Vista FEC ID number of co federal political comm		91910	Amount of Each Receipt this Period 310.00
Name of Employer Self-Employed	Occup Ortho	pation pdontist	
Receipt For: Primary Other (specify)	Aggre General	egate Year-to-Date ▼ 310.00	
SUBTOTAL of Receipt	s This Page (optional)		810.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the led Summary Page	FOR LINE NUMBER: PAGE 156 / 246 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF COMMITTEE (In Full)	ng the name and address of	any political committee to	
Full Name (Last, First, Middle Initial) Dr. Yumi Abei Mailing Address 909 5th Ave Unit	1501		Date of Receipt
			08 06 2008
City Seattle	•	Code 164-2031	Transaction ID: 4601592  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104 2001	250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-	Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Joseph B. Gordon, III			Date of Receipt
Mailing Address 4350 Vista De La	Tierra		08 06 7 9 9 9
City	·	Code	Transaction ID: 4601593
Del Mar  FEC ID number of contributing federal political committee.	CA 920	014-4101	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-	Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kimberly Lutz Gragg			Date of Receipt
Mailing Address 301 Riverside Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Morganton		Code 655	Transaction ID: 4601594  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodontist		7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-	Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 1	
	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORT	HODONTISTS POLITICAL ACTION COM	MITTEE	
Full Name (Last, First, Middle Initial) Dr. James Pelletier		Date of Receipt	
Mailing Address 4 Island Pond Rd  City	State Zip Code	0 8 0 6 2 0 0 8  Transaction ID: 4601595	
Dracut	MA 01826	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. William D. Ziegler, III		Date of Receipt	
Mailing Address 29 Brook Ln		08 / 06 / 4 2008	
City	State Zip Code	Transaction ID: 4601598	
Mountaintop	PA 18707	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Daniel K. Konishi		Date of Receipt	
Mailing Address 282 E Tall Trees Ln		08 06 7 2008	
City	State Zip Code	Transaction ID: 4601599	
<u>Palatine</u>	IL 60067	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional)		750.00	
TOTAL This Period (last page this line number	·		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16
Ar	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORT	HODONTISTS POLITICAL ACTION CO	MMITTEE
<u></u>	Full Name (Last, First, Middle Initial) Dr. Patrick James Sabo		Date of Receipt
	Mailing Address 253 Shore Rd	Olate 7's Oath	08 06 2008
	City Mount Sinai	State Zip Code NY 11766	Transaction ID: 4601600
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Steven H. Tinsworth		Date of Receipt
	Mailing Address 704 51st St NW		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 4601601
	Bradenton	FL 34209-1932	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
	Full Name (Last, First, Middle Initial) Dr. William J. Kottemann		Date of Receipt
	Mailing Address 835 Partenwood Rd		08 06 2008
	City	State Zip Code	Transaction ID: 4601602
	Orono	MN 55356-9730	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
_	IIRTOTAL of Receipts This Page (ontional)		625.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 246 (check only one)    X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to DRTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial)		
Dr. Carl Dann, IV  Mailing Address 1426 Nottingham	St	Date of Receipt    M M
City	State Zip Code	0 8 0 6 2 0 0 8  Transaction ID: 4601603
<u>Orlando</u>	FL 32803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Benjamin G. Burris		Date of Receipt
Mailing Address 1043 CR 753		M M / D D / Y Y Y Y Y O N O N O N O N O N O N O N O
City	State Zip Code	Transaction ID: 4601675
<u>Jonesboro</u>	AR 72401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Steven L. Hechler	L	Date of Receipt
Mailing Address 11533 Canterbury	y Cir	0 8 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4601676
Leawood	KS 66211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	625.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each Detaile	parate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 160 / 246 (check only one)    X		
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF	sing the name and address of an	y political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.  MMITTEE		
Full Name (Last, First, Middle Initial) Dr. Harry A. Dunlevy  Mailing Address 11906 Reeds BI	uff Ln		Date of Receipt		
City	State Zip C	ode	08 07 2008		
Milothian	VA 2311		Transaction ID: 4601677  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-D	250.00			
Full Name (Last, First, Middle Initial) Dr. Samuel B. King	<b>1</b>		Date of Receipt		
	Mailing Address 4136 Rondeau Ridge Dr				
City Dayton	State Zip C OH 4542		Transaction ID: 4601678		
FEC ID number of contributing federal political committee.	C 4342		Amount of Each Receipt this Period  250.00		
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-D	ate ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Jack E. King			Date of Receipt		
Mailing Address 460 Rue Marsei	le		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City <u>Dayton</u>	State Zip C OH 4542		Transaction ID: 4601679  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-D	ate ▼ 250.00			
SUBTOTAL of Receipts This Page (opt	I ional)		750.00		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 246 (check only one)    X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORT	HODONTIST	S POLITICAL ACTION CO	MMITTEE
۸.	Full Name (Last, First, Middle Initial) Dr. Jimmy C. Boley  Mailing Address 1106 High Vista I n			Date of Receipt
				08 07 2008
	City Richardson	State TX	Zip Code 75080-5708	Transaction ID: 4601681  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Robin A. Weeks			Date of Receipt
	Mailing Address 120 N Windham Rd			08 07 2008
	City Windham	State CT	Zip Code	Transaction ID: 4601682
	FEC ID number of contributing federal political committee.	C	06280-1127	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Mark M. Dale			Date of Receipt
	Mailing Address 3368 Colbert Ave NW	I		0 8 0 7 2 0 0 8
	City	State	Zip Code	Transaction ID: 4601683
	Buffalo FEC ID number of contributing federal political committee.	C	55313	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
	SUBTOTAL of Receipts This Page (optional)	-1		750.00

ITEMIZED RECEIPTS	LE A (FEC Form 3X)  D RECEIPTS  Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 162 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 1	
Any information copied from such or for commercial purposes, other  NAME OF COMMITTEE (In F.		nay not be sold or used by any pers address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.	
AMERICAN ASSOCIATION	N OF ORTHODONTIS	STS POLITICAL ACTION CO	MMITTEE	
Full Name (Last, First, Middle I Dr. Duward T. Fulmer Mailing Address 307 Sagra	·		Date of Receipt	
		7in Code	08 07 2008	
City <u>Simpsonville</u>	State SC	Zip Code 29681-9721	Transaction ID: 4601684  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Self-Employed	Occupat Orthod			
Receipt For:  Primary General Other (specify) ▼	Aggrega	ate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle I Dr. James D. Harkins	nitial)		Date of Receipt	
Mailing Address 218 Winds	sor Dr		0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 4601686	
Coraopolis	PA	15108	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.			250.00	
Name of Employer Self-Employed	Occupat Orthod			
Receipt For:  Primary General  Other (specify) ▼		ate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle I Dr. Robert R. Westbrook, Jr.	nitial)		Date of Receipt	
Mailing Address 317 Tracy	Ln		0 8 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 4601687	
Victoria  FEC ID number of contributing federal political committee.	C	77904-2410	Amount of Each Receipt this Period  250.00	
Name of Employer Self-Employed	Occupat Orthod			
Receipt For:  Primary General Other (specify) ▼	Aggrega	ate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Pa			750.00	

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Applied from such Paparts and S	totomonto ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 163 / 246 (check only one)    X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH			
A.	Full Name (Last, First, Middle Initial) Dr. Donald R. Joondeph  Mailing Address 10128 SE 16th PI			Date of Receipt  0 8 0 7 2 0 0 8
	City	State	Zip Code	Transaction ID: 4601688
	Bellevue	WA	98004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodo		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Frederic C. Sterritt			Date of Receipt
	Mailing Address 464 S Horizon Way			08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 4601690
	Neshanic Station  FEC ID number of contributing federal political committee.	C	08853	Amount of Each Receipt this Period  1000.00
	Name of Employer Self-Employed	Occupation		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Michael L. Keim			Date of Receipt
	Mailing Address 4468 Oakcreek Dr			M M / D D / Y Y Y Y Y Y O N N N N N N N N N N N N N
	City	State	Zip Code	Transaction ID: 4601691
	Fargo	ND	58104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodo		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
ſ	SUBTOTAL of Receipts This Page (optional)			1500.00
H	<u> </u>			

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
or for commercial purposes, of NAME OF COMMITTEE (I	ther than using the name and a In Full)	ay not be sold or used by any persoddress of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Midd Dr. John B. Lem		TO TOLITIONE ACTION GO	Date of Receipt
Mailing Address 75 Mill	oond		08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4601692
North Andover	MA	01845	Amount of Each Receipt this Period
FEC ID number of contribu federal political committee.	ting		250.00
Name of Employer Self-Employed	Occupati Orthodo		
Receipt For:  Primary Ger  Other (specify) ▼	Aggregat	te Year-to-Date ▼ 250.00	
Full Name (Last, First, Midd Dr. Albert M. Stush, Jr.	dle Initial)		Date of Receipt
Mailing Address 468 Fa	rm Hollow Ln		0 8 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4601694
Mifflinburg	PA	17844	Amount of Each Receipt this Period
FEC ID number of contribu federal political committee.	ting		100.00
Name of Employer Self-Employed	Occupati Orthodo		
Receipt For:  Primary Ger  Other (specify) ▼	Aggregatineral Aggregatineral	te Year-to-Date ▼ 350.00	
Full Name (Last, First, Midd Dr. Roger A. Grace	dle Initial)		Date of Receipt
Mailing Address 43 Long	gwood Dr		0 8 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Sha</u> limar	State FL	Zip Code 32579	Transaction ID: 4601695  Amount of Each Receipt this Period
FEC ID number of contribu federal political committee.	ting		250.00
Name of Employer Self-Employed	Occupati Orthodo		
Receipt For:  Primary Ger  Other (specify) ▼	Aggregatineral Aggregatineral	te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This	Page (optional)		600.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 165 / 246 (check only one)    X   11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Dr. Daniel M. DeAngelo  Mailing Address 3895 Fairway Dr			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Confield	State OH	Zip Code	Transaction ID: 4601696
	Canfield  FEC ID number of contributing federal political committee.	С	44406	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthodon Aggregate		
 3.	Full Name (Last, First, Middle Initial) Dr. Devek Kent Frech Mailing Address 2700 Cooke Ave			Date of Receipt  0 8 0 7 2 0 0 8
	City	State	Zip Code	Transaction ID: 4601698
	Wichita Falls	TX	76308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodon		
	Receipt For: Primary General Other (specify)	+	Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. David R. Sain			Date of Receipt
	Mailing Address 1535 Avon Rd			0 8 0 7 2 0 0 8
	City	State	Zip Code	Transaction ID: 4601699
	Murfreesboro	TN	37129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodon		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
[	SUBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	for each category of Detailed Summary	of the   X   11a   11b   11c   12   13   14   15   16   17
NAME OF COMMITTEE (In Full)	oorts and Statements may not be sold or used by a using the name and address of any political or of ORTHODONTISTS POLITICAL ACT	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Inition Dr. Kenneth M. Hrechka	al)	Date of Receipt
Mailing Address 7201 Ludwoo	od Ct	08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4601700
Alexandria	VA 22306-2459	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
Full Name (Last, First, Middle Initia Dr. John C. Pryse, Jr.	al)	Date of Receipt
Mailing Address 304 Franklin	PI	M M / D D / Y Y Y Y Y O N O N O N O N O N O N O N O
City	State Zip Code	Transaction ID: 4601701
Clinton	TN 37716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
Full Name (Last, First, Middle Inition Dr. Ralph C. Del Priore	al)	Date of Receipt
Mailing Address Mariane Ct		0 8 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4601702
Alpine	NJ 07620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
SUBTOTAL of Receipts This Page	optional)	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
A	ny information copied from such Reports and Stror commercial purposes, other than using the	tatements may	up not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH	IODONTIST	S POLITICAL ACTION COM	IMITTEE
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Dr. Maurice J. Belden			Date of Receipt
	Mailing Address 176 Academy St			08 07 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 4601703
	Presque Isle	ME	04769-3185	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Jerry F. Cash			Date of Receipt
	Mailing Address 5138 S Pratt			08 07 YYYY 2008
	City	State	Zip Code	Transaction ID: 4601704
	Springfield	MO	65804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
С.	Full Name (Last, First, Middle Initial) Dr. Mark S. Geller			Date of Receipt
	Mailing Address #4 Manzano Cir			0 8 0 7 2 0 0 8
	City	State	Zip Code	Transaction ID: 4601706
	Dallas  FEC ID number of contributing federal political committee.	C	75230	Amount of Each Receipt this Period  500.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
[	SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 / 246 (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM-	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Donald J. Neely Mailing Address 48 Douglas Hill		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Norwich FEC ID number of contributing	State Zip Code VT 05055-9647	Transaction ID: 4601707  Amount of Each Receipt this Period  250.00
Receipt For:  Primary  Other (specify)	Occupation Orthodontist  Aggregate Year-to-Date   250.00	1
Full Name (Last, First, Middle Initial) Dr. Jay M. Oltjen Mailing Address 14163 Juniper St		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City Leawood	State Zip Code KS 66224	Transaction ID: 4601708  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	Occupation Orthodontist  Aggregate Year-to-Date   500.00	250.00
Full Name (Last, First, Middle Initial) Dr. J. Joseph Hannah Mailing Address 4910 W 87th Ter		Date of Receipt  0 8 0 7 2 0 0 8
City Prairie Village  FEC ID number of contributing federal political committee.	State Zip Code KS 66207	Transaction ID: 4601709  Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optiona	I)	750.00

SCHEDULE A (FEC ITEMIZED RECEIPT		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 169 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In	n Full)	nay not be sold or used by any pers address of any political committee to STS POLITICAL ACTION COI	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middl		515 POLITICAL ACTION COI	VIIVIIIIEE
Dr. Steven John Henseler  Mailing Address 9586 Ba			Date of Receipt
City	State	Zip Code	0 8 0 7 2 0 0 8 Transaction ID: 4601710
Woodbury	MN	55129	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	C		500.00
Name of Employer Self-Employed	Occupa Orthod		
Receipt For:  Primary General Other (specify) ▼		ate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middl Dr. David G. Haas	le Initial)		Date of Receipt
Mailing Address 1732 Gr	ranger Rd		08
City	State	Zip Code	Transaction ID: 4601711
Medina  FEC ID number of contributi federal political committee.	OH C	44256	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupa Orthod		
Receipt For:  Primary General Other (specify) ▼		ate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middl Dr. Bruce P. McCoy	le Initial)		Date of Receipt
Dr. Bruce P. McCoy  Mailing Address 80 Wate	erford PI		08 08 2008
City	State	Zip Code	Transaction ID: 4602317
Newnan  FEC ID number of contributi federal political committee.	GA C	30265	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupa Orthoo		
Receipt For:  Primary General Other (specify) ▼	Aggreg	ate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This	L Page (optional)		1000.00

SCHEDULE A (FEC Form	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 170 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persing the name and address of any political committee to ORTHODONTISTS POLITICAL ACTION CO	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Bradley D. Smith Mailing Address 645 Woodvalley	Du	Date of Receipt
Mailing Address 645 Woodvalley	DI	08 08 2008
City	State Zip Code	Transaction ID: 4602318
Pittsburgh  FEC ID number of contributing federal political committee.	PA 15238	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Stephanie Smith Crise		Date of Receipt
Mailing Address 601 Broad Leaf L	_n	08 08 2008
City McKinney	State Zip Code TX 75070	Transaction ID: 4602319  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Ernest J. Goodson	I	Date of Receipt
Mailing Address 1801 Lakeshore	Dr	08 08 2008
City	State Zip Code	Transaction ID: 4602320
<u>Fayetteville</u>	NC 28303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	onal)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 171 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	RTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. James M. Welden, Jr.		Date of Receipt
Mailing Address 104 Lancaster Ct		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4602322
Dothan  FEC ID number of contributing federal political committee.	AL 36305	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Steven M. Austin		Date of Receipt
Mailing Address 418 S Poplar St		0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code NC 28092	Transaction ID: 4602323
LincoInton  FEC ID number of contributing federal political committee.	NC 28092	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gregory Guy Campi		Date of Receipt
Mailing Address 11 Willow Ct		08 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Shrewsbury	State Zip Code NJ 07702	Transaction ID: 4602324  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional		750.00

 $\triangleright$ 

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN ASSOCIATION OF C	ORTHODONTISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) Dr. Bruce K.A. Dormanen  Mailing Address 20077 Charmana	l D.	Date of Receipt
Mailing Address 2377 Cherrywood		08 08 7 2008
City	State Zip Code MN 55305	Transaction ID: 4602325
Hopkins  FEC ID number of contributing federal political committee.	MN 55305	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Howard L. Hunt		Date of Receipt
Mailing Address 3345 Antoinette 0	Ct Ct	08 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4602326
Arcata FEC ID number of contributing federal political committee.	CA 95524-9322	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey W. Jordan		Date of Receipt
Mailing Address 1040 Lake Shore	Overlook	08 08 7 Y Y Y Y Y Y
City Alpharetta	State Zip Code GA 30005	Transaction ID: 4602327  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optic	onal)	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 173 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Gene P. King Mailing Address 2206 Briarhill		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Champaign	State Zip Code IL 61822	Transaction ID: 4602328  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Robert D. Scott, Jr.  Mailing Address 20 Mine Brook Rd		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4602329
Colts Neck	NJ 07722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Michael S. Klein Mailing Address 12001 W 183rd St		Date of Receipt  0 8 1 8 2 0 0 8
City	State Zip Code	Transaction ID: 4622496
Bucyrus	KS 66013	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (option	al)	750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 174 / 246 (check only one)
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTH	ODONTIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Bruce J. Snyder			Date of Receipt
	Mailing Address 845 Vista Rd			08 18 2008
	City	State	Zip Code	Transaction ID: 4622498
	Hillsborough	CA	94010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Mark L. Dake			Date of Receipt
	Mailing Address 6860 Private Rd 8900			08 18 2008
	City	State	Zip Code	Transaction ID: 4622499
	West Plains	MO	65775	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
- С.	Full Name (Last, First, Middle Initial) Dr. David Konys			Date of Receipt
	Mailing Address 4470 Red Spruce Ln			08 18 2008
	City	State	Zip Code	Transaction ID: 4622501
	Manlius	NY	13104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
L			•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 175 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pe e name and address of any political committee	
' '	HODONTISTS POLITICAL ACTION C	OMMITTEE
Full Name (Last, First, Middle Initial) Dr. James F. Hoag		Date of Receipt
Mailing Address 5308 E 22nd St		08 18 2008
City	State Zip Code	Transaction ID: 4622502
Casper FEC ID number of contributing federal political committee.	WY 82609	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Glen F. Petrick	_L	Date of Receipt
Mailing Address 3615 La Costa Rd		0 8 1 8 2 0 0 8
City Missouri City	State Zip Code TX 77459-2406	Transaction ID: 4622503  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Merilynn Yamada		Date of Receipt
Mailing Address 3628 Ocean View Av	е	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Los Angeles	State Zip Code CA 90066	Transaction ID: 4622504  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 176 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTI	Statements may not be sold or used by any person name and address of any political committee to HODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Michael S. Hipp  Mailing Address 4728 Brookview Dr  City West Des Moines  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code IA 50265-2996  C  Occupation Orthodontist  Aggregate Year-to-Date   1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 8 18 2008  Transaction ID: 4622505  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial) Dr. Robert G. Wertz  Mailing Address 136 Schaeffer Rd  City Newmanstown  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code PA 17073  C  Occupation Orthodontist  Aggregate Year-to-Date  750.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Henry DiLorenzo  Mailing Address 1201 Swan Harbour C  City Fort Washington  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code MD 20744  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: 4622507  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)		1500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 177 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 7
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any peen name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	, ,	HODONTISTS POLITICAL ACTION CO	OMMITTEE
•	Full Name (Last, First, Middle Initial) Dr. David E. Drake		Date of Receipt
	Mailing Address 3944 Orchard Ln PO Box 394		08 18 2008
	City	State Zip Code	Transaction ID: 4622508
	Scotland	PA 17254	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
_	Full Name (Last, First, Middle Initial) Dr. Thomas Joseph Borgula		Date of Receipt
	Mailing Address		08 18 2008
	City	State Zip Code	Transaction ID: 4622509  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
	Full Name (Last, First, Middle Initial) Dr. Anthony V. Maresca		Date of Receipt
	Mailing Address 5 Lantern Ct		08 18 2008
	City	State Zip Code	Transaction ID: 4622510
	Stony Brook	NY 11790	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:  Primary General	Aggregate Year-to-Date ▼	_
	Other (specify)	250.00	
			750.00

Ι٦	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  In y information copied from such Reports and S	statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 178 / 246 (check only one)    X
<b>A</b> .	r for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH  Full Name (Last, First, Middle Initial)  Dr. Harry I. Bussa, Jr.  Mailing Address 726 Langwood  City  Houston			
	FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	Occupatio Orthodor Aggregate		250.00
В.	Full Name (Last, First, Middle Initial) Dr. M. John Pautienis  Mailing Address 155 Woodside Dr  City West Barnstable  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State MA  C Occupatio Orthodor Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Dr. Pete N. Bougas, Jr.  Mailing Address 1231 Gulfport Run  City Grayson  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State GA  C  Occupatio Orthodor  Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
[	SUBTOTAL of Receipts This Page (optional)		·····	750.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and Si	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 179 / 246 (check only one)    X
<b>A</b> .	or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH  Full Name (Last, First, Middle Initial)  Dr. Thomas A. Moryl			
	Mailing Address 150 EMS T36 Lane  City Leesburg	State IN	Zip Code 46538-9169	Transaction ID: 4622515  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	C	n	250.00
	Self-Employed *  Receipt For:  Primary General  Other (specify) ▼	Orthodor Aggregate	ntist e Year-to-Date ▼ 250.00	
Б.	Full Name (Last, First, Middle Initial) Dr. Benjamin F. Lowe, Jr. Mailing Address 309 Stonewyck Dr			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Burlington  FEC ID number of contributing federal political committee.	State NC	Zip Code 27215	Transaction ID: 4622517  Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed  Receipt For: Primary Other (specify)	Occupatio Orthodor Aggregate		
С.	Full Name (Last, First, Middle Initial) Dr. Theodore R. Pope Mailing Address 573 David Pkwy			Date of Receipt    M M
	City Kettering	State OH	Zip Code 45429	Transaction ID: 4622518  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor	ntist	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 180 / 246 (check only one)    X   11a
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
AMERICAN ASSOCIATION OF OR	THODONTISTS POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. John A. Diddle		Date of Receipt
Mailing Address 5301 Hickory Hollov		08 / 18 / Y Y Y Y
City Knoxville	State Zip Code TN 37919	Transaction ID: 4622519  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 37913	500.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Michael S. Apton		Date of Receipt
Mailing Address 5 N Ridge Road		08 18 2008
City	State Zip Code	Transaction ID: 4627010
Setauket	NY 11733	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Carolyn Melita		Date of Receipt
Mailing Address 17 Milford St #3		08 18 2008
City	State Zip Code MA 02118	Transaction ID: 4627012
Boston  FEC ID number of contributing federal political committee.	MA 02118	Amount of Each Receipt this Period  1000.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	)	1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 181 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per- the name and address of any political committee  THODONTISTS POLITICAL ACTION CO	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Dustin Burleson		Date of Receipt
Mailing Address 10523 NE Euclid Av  City	State Zip Code	0 8 1 8 2 0 0 8 Transaction ID: 4627013
Kansas City  FEC ID number of contributing federal political committee.	MO 64155	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Dr. Dean P. Leonard  Mailing Address 1612 Bay Oaks Dr		Date of Receipt  0 8 1 8 2 0 0 8
City	State Zip Code	Transaction ID: 4627014
Albert Lea	MN 56007-4203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David L. Crouch		Date of Receipt
Mailing Address 4923 Monta Vista Di	r E	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Edgewood	State Zip Code WA 98372	Transaction ID: 4627015
FEC ID number of contributing federal political committee.	C 30372	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	·	750.00

SCHEDULE /	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 182 / 246 (check only one)    X
NAME OF COM	MITTEE (In Full)		r not be sold or used by any persidess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
		ODON1181	S POLITICAL ACTION COM	VIIVITTEE
Dr. Ross L. Crist  Mailing Address	First, Middle Initial)  1204 N Pikes Peak Cir			Date of Receipt
City	1204 14 1 1100 1 0411 0	State	Zip Code	0 8 1 8 2 0 0 8 Transaction ID: 4627017
Sioux Falls		SD	57103	Amount of Each Receipt this Period
FEC ID number of federal political co		C		1000.00
Name of Employed	er	Occupation		
Receipt For: Primary Other (spec	General		Year-to-Date ▼ 2000.00	
Full Name (Last, Dr. Jane A. Bentz	First, Middle Initial)			Date of Receipt
Mailing Address	3300 Farnam St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 4627018
<u>La Crosse</u>		WI	54601	Amount of Each Receipt this Period
FEC ID number of federal political co	ommittee.	C		250.00
Name of Employed Self-Employed	er	Occupation Orthodon		
Receipt For: Primary Other (spec	General	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, Dr. Christoph F. H	I First, Middle Initial) aar			Date of Receipt
Mailing Address	424 Mariposa Dr			0 8 1 8 2 0 0 8
City		State	Zip Code	Transaction ID: 4627019
<u>Ventura</u>		CA	93001	Amount of Each Receipt this Period
FEC ID number of federal political co		C		250.00
Name of Employed Self-Employed	er	Occupation Orthodon		
Receipt For: Primary Other (spec	General	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Rec	eipts This Page (optional)			1500.00

SCHEDUL ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 183 / 246 (check only one)    X
NAME OF CO	OMMITTEE (In Full)		not be sold or used by any persordress of any political committee to S POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr. Christophe Mailing Addre  City St Clair  FEC ID numb	ess 700 N Riverside	State MI	Zip Code 48079	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Emp Self-Employe Receipt For: Primary Other (s	oloyer d	Occupation Orthodor		
Dr. Wendell R	ast, First, Middle Initial) . Stuntz ess 450 Lincoln Ave	State	Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
federal politic	per of contributing al committee.	C Occupation	51503-5685	Amount of Each Receipt this Period  250.00
Name of Emp Self-Employe Receipt For: Primary Other (s		Orthodor		
Full Name (La Dr. Robert E. I	~			Date of Receipt  0 8 1 8 2 0 0 8
City Inver Grove FEC ID numb federal political	per of contributing	State MN	Zip Code 55076	Transaction ID: 4627022  Amount of Each Receipt this Period  250.00
Name of Emp Self-Employe		Occupation Orthodor		
Receipt For: Primary Other (s	General General	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of	Receipts This Page (optional)		<b>)</b>	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 184 / 246 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF OR	he name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Peter M. Skoler  Mailing Address 117 Old Farm Rd			Date of Receipt    M   M   D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City  Milton  FEC ID number of contributing	State MA	Zip Code 02186	Transaction ID: 4627023  Amount of Each Receipt this Period  250.00
Receipt For:  Primary  Other (specify)	Occupation Orthodor		1
Full Name (Last, First, Middle Initial) Dr. J. Anthony Quinn Mailing Address PO Box 771			Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City Waverly  FEC ID number of contributing federal political committee.	State PA	Zip Code 18471	Transaction ID: 4627024  Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupatio Orthodor Aggregate		]
Full Name (Last, First, Middle Initial) Dr. John R. Mariotti Mailing Address 123 Old Orchard Rd			Date of Receipt
City Clarks Green FEC ID number of contributing federal political committee.	State PA	Zip Code 18411	Transaction ID: 4627025  Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	Occupatio Orthodor Aggregate		1
SUBTOTAL of Receipts This Page (optional)		0 0 0 0 0 0 0	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 185 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James R. Dyer Mailing Address 910 Harpole Rd			Date of Receipt
City Argyle	State TX	Zip Code 76226	Transaction ID: 4627026  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupatio Orthodor Aggregate		
Full Name (Last, First, Middle Initial) Dr. William D. Petty Mailing Address 7550 Woodland Ct City	State	Zip Code	Date of Receipt    M
Burr Ridge FEC ID number of contributing federal political committee.	C	60525-5151	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Brian B. Jacobus			Date of Receipt
Mailing Address 7880 Saddlebrook Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Port Saint Lucie	State FL	Zip Code 34986	Transaction ID: 4627028  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 186 / 246 (check only one)    X   11a
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to DRTHODONTISTS POLITICAL ACTION COM	
AIVIENICAN ASSOCIATION OF C	THOODON HISTS FOLITICAL ACTION CON	
Full Name (Last, First, Middle Initial) Dr. James N. Thacker		Date of Receipt
Mailing Address 2938 Turpinwoods	s Ct	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4627030
Cincinnati	OH 45244-3563	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Christy J. Savage	<u> </u>	Date of Receipt
Mailing Address 7207 Wakefield C	ir	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4627031
Birmingham	AL 35242	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. C. Robert Henry, Jr.	I	Date of Receipt
Mailing Address 3605 Northfield Di	r	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4627032
Midland	TX 79707-4552	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CURTOTAL of Descints This Days (options	nal)	750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 187 / 246 (check only one)    X
C	ny information copied from such Reports and sort for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORT	HODONTIST	S POLITICAL ACTION CO	MMITTEE
۱.	Full Name (Last, First, Middle Initial) Dr. Kenny M. Baird Mailing Address 30604 Berry Creek Dr			Date of Receipt
			7'- 0-4-	08 18 2008
	City Georgetown	State TX	Zip Code 78628	Transaction ID: 4627034  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Zachary J. Mellion Mailing Address 3623 Sanctuary Dr			Date of Receipt
	Mailing Address 3623 Sanctuary Dr			08 / 18 / 2008
	City Akron	State OH	Zip Code	Transaction ID: 4627035
	FEC ID number of contributing federal political committee.	C	44333	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Frank K. Yorita			Date of Receipt
	Mailing Address 6662 Doral Dr			0 8
	City	State	Zip Code	Transaction ID: 4627036
	Huntington Beach FEC ID number of contributing federal political committee.	CA	92648	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	<del>- '</del>	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 188 / 246 (check only one)    X
,	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION COM	MMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Thomas P. Rose			Date of Receipt
	Mailing Address 9642 Featherhill Dr  City	State	Zip Code	0 8 1 8 2 0 0 8  Transaction ID: 4627037
	Villa Park	CA	92867	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ В.	Full Name (Last, First, Middle Initial) Dr. David E. Paquette  Mailing Address 105 Masthead Ct			Date of Receipt
	Mailing Address 105 Masthead Ct			08 18 2008
	City	State	Zip Code	Transaction ID: 4627038
	Mooresville	NC	28117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ С.	Full Name (Last, First, Middle Initial) Dr. DeWayne B. McCamish			Date of Receipt
	Mailing Address 11 Ballard Bluff			0 8 1 8 2 0 0 8
	City	State TN	Zip Code	Transaction ID: 4627040
	Signal Mountain  FEC ID number of contributing federal political committee.	C	37377-2288	Amount of Each Receipt this Period 500.00
	Name of Employer Self-Employed	Occupation		
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1500.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 189 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Michael L. Jacobsen  Mailing Address 13847 Pamlico Rd			Date of Receipt
			08 18 2008
City	State	Zip Code	Transaction ID: 4627041
Apple Valley  FEC ID number of contributing federal political committee.	CA	92307-5528	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Rebecca Schreiner			Date of Receipt
Mailing Address 1609 Misty Hollow Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4627043
Wildwood  FEC ID number of contributing federal political committee.	C	63038	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. F. Erik Schonberg			Date of Receipt
Mailing Address 3418 Rilman Rd NW			08 18 2008
City	State	Zip Code	Transaction ID: 4627044
Atlanta	GA	30327-1510	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 190 / 246 (check only one)    X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial)	THIODONNISTS FOR TIOAL ACTION GOV	
Dr. Michael J. Sbuttoni  Mailing Address 92 Middlesex Ct		Date of Receipt    M M
City	State Zip Code	Transaction ID: 4627045
Slingerlands	NY 12159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael J. Foy		Date of Receipt
Mailing Address 5898 Cumbre Vista	a Way	08 18 2008
City	State Zip Code	Transaction ID: 4627047
Colorado Springs	CO 80924	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Rotho Angelakis		Date of Receipt
Mailing Address 901 S Northlake Di	r	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Hollywood</u>	State Zip Code FL 33019	Transaction ID: 4627048  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 191 / 246 (check only one)    X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORTI	HODONTIST	S POLITICAL ACTION COI	MMITTEE
۹.	Full Name (Last, First, Middle Initial) Dr. Gary P. Horvath  Mailing Address 367 Twin Oaks Dr			Date of Receipt
	City	State	Zip Code	08 19 2008
	Spartanburg	SC	29306	Transaction ID: 4642572  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Dennis K. Kinoshita			Date of Receipt
	Mailing Address 7254 Gold Creek Way	/		08 19 2008
	City	State	Zip Code	Transaction ID: 4642573
	San Jose  FEC ID number of contributing federal political committee.	CA	95120-4228	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ ;.	Full Name (Last, First, Middle Initial) Dr. Edward A. Cronauer			Date of Receipt
	Mailing Address 3010 Sorrel Ct			08 19 2008
	City Weston	State FL	Zip Code 33331	Transaction ID: 4642574
	FEC ID number of contributing federal political committee.	C	33301	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Г		•		750.00

. F	information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT Full Name (Last, First, Middle Initial) Dr. John Leo Mergen Mailing Address 840 Mesquite Dr			on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORT Full Name (Last, First, Middle Initial) Dr. John Leo Mergen	HODONTISTS POI	LITICAL ACTION COM	MMITTEE
. <u> </u>	Dr. John Leo Mergen			
_				Date of Receipt
	Dity		p Code	0 8 1 9 2 0 0 8 Transaction ID: 4642575
<u>(</u>	Coralville	IA 5	2241	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
_	Name of Employer Self-Employed	Occupation Orthodontist		
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-t	o-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Cyrus M. Alizadeh	ı		Date of Receipt
N	Mailing Address 17954 Saddle Horn R			08 / 20 / Y Y Y Y Y
	City		p Code	Transaction ID: 4642952
7	Vildwood	MO 6	3038	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
N 5	Name of Employer Self-Employed	Occupation Orthodontist		
F	Receipt For:  Primary General  Other (specify) ♥	Aggregate Year-t	o-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Douglas Bennion			Date of Receipt
N	Mailing Address 2152 St Andrews Dr			08 20 2008
	Dity		p Code	Transaction ID: 4642953
_	Billings	MT 5	9102	Amount of Each Receipt this Period
fe	FEC ID number of contributing ederal political committee.	C		250.00
_	Name of Employer Self-Employed	Occupation Orthodontist		
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-t	o-Date ▼ 250.00	
SUI	BTOTAL of Receipts This Page (optional) .			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 193 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to HODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Whybra J. Duay, Jr. Mailing Address 1209 S Prescott Dr  City Morgan City FEC ID number of contributing	State Zip Code LA 70380-1209	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	250.00
Full Name (Last, First, Middle Initial) Dr. Richard B. Lines  Mailing Address 1909 W Relation  City Safford  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code AZ 85546  C  Occupation Orthodontist  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. James K. Poulsen  Mailing Address 2302 W Bolton St  City  Eagle  FEC ID number of contributing federal political committee.	State Zip Code ID 83616-6796  C	Date of Receipt  M M M / 20 / 2008  Transaction ID: 4642956  Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	
SUBTOTAL of Receipts This Page (optional) .		750.00

SCHEDULE A (FEC Form	Use separate schedule for each category of the Detailed Summary Page	e (check only one)
NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by ar using the name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Douglas S. Ainslie Mailing Address 2951 Beacon I	lill De	Date of Receipt
City	State Zip Code	0 8 2 0 2 0 0 8 Transaction ID: 4642957
West Linn  FEC ID number of contributing federal political committee.	OR 97068	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date ▼  250.	00
Full Name (Last, First, Middle Initial) Dr. Gregory Thomas Cohlmia Mailing Address 14805 Le Grar	de	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Addison	State Zip Code TX 75001	Transaction ID: 4642958  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	Occupation	250.00
Receipt For: Primary General Other (specify)	Orthodontist  Aggregate Year-to-Date ▼  250.	00
Full Name (Last, First, Middle Initial) Dr. J. Kendall Dillehay  Mailing Address 1040 E 143rd	St E	Date of Receipt  0 8 2 0 2 0 0 8
City Wichita	State Zip Code KS 67230	Transaction ID: 4642959  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.	00
SUBTOTAL of Receipts This Page (o	tional)	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 195 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions
	, ,	HODONTISTS POLITICAL ACTION CO	MMITTEE
_	Full Name (Last, First, Middle Initial) Dr. Alfred C. Griffin, Jr.		Date of Receipt
	Mailing Address 8498 Opal Rd	750.4	08 / 20 / Y Y Y Y Y
	City Warrenton	State Zip Code VA 20186	Transaction ID: 4642960  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 20100	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Brett A. Johnson		Date of Receipt
	Mailing Address 3225 West Rathgebe	r	08 20 2008
	City	State Zip Code	Transaction ID: 4642961
	Wichita Falls	TX 76310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Seth C. Kleinrock		Date of Receipt
	Mailing Address 5 Milbar Heath		08 20 2008
	City	State Zip Code	Transaction ID: 4642962
	Hewlett	NY 11557	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SURTOTAL of Receipts This Page (antional)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 196 / 246 (check only one)    X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Saijai Peng		Date of Receipt
Mailing Address 100 Pierre Rd.		08 20 2008
City	State Zip Code	Transaction ID: 4642964
Walnut FEC ID number of contributing federal political committee.	CA 91789	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Thomas E. Roth		Date of Receipt
Mailing Address 118 Lee Hill Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4642965
<u>Pierre</u>	SD 57501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael S. Klein		Date of Receipt
Mailing Address 12001 W 183rd St		08 20 7 2008
City Bucyrus	State Zip Code KS 66013	Transaction ID: 4642966  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional	l)	750.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 197 / 246 (check only one)
ľ	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH	IODONTIST	S POLITICAL ACTION COM	IMITTEE
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Dr. Thomas J. Donahue			Date of Receipt
	Mailing Address 392 Elmcrest Dr			08 20 2008
	City	State	Zip Code	Transaction ID: 4642967
	Dallas	PA	18612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Daniel B. Snead			Date of Receipt
	Mailing Address 5043 Brill Pt			08 20 2008
	City	State	Zip Code	Transaction ID: 4642968
	Tallahassee	FL	32312-5600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General Other (specify) ▼	0 0	250.00	
_ С.	Full Name (Last, First, Middle Initial) Dr. Carlyn S. Phucas			Date of Receipt
	Mailing Address 59 Bortons Rd			08 20 2008
	City Marlton	State NJ	Zip Code 08053	Transaction ID: 4642969  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	. •	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	l	·····	750.00

I	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and St	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any personal schedule s	FOR LINE NUMBER: PAGE 198 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  In for the purpose of soliciting contributions
	or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH  Full Name (Last, First, Middle Initial)  Dr. Robert M. Merrill		· · · · · · · · · · · · · · · · · · ·	IMITTEE
A.	Mailing Address 1026 N Fairview PI			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: 4642971
	East Wenatchee  FEC ID number of contributing federal political committee.	C	98802	Amount of Each Receipt this Period  1000.00
	Name of Employer Self-Employed Receipt For:	Occupation		
	Primary General Other (specify) ▼	Aggregate	1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Terry Syler			Date of Receipt
	Mailing Address 855 Dowlen Rd			08 / 20 / 4 4 4 4
	City	State	Zip Code	Transaction ID: 4642973
	<u>Beaumont</u>	TX	77706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodol	ntist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial)			Parts of Parts in
C.	Dr. James M. Crouse  Mailing Address 22786 Nanticoke Rd			Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Quantico	State MD	Zip Code 21856	Transaction ID: 4642974  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 199 / 246 (check only one)    X   11a
	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\right	AMERICAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION COM	MMITTEE
. <u>C</u>	Full Name (Last, First, Middle Initial) Dr. Stephen P. Shepard Mailing Address 3401 Oakmont Dr			Date of Receipt
_	Sity	State	Zip Code	0 8 2 0 2 0 0 8 Transaction ID: 4642975
<u> </u>	Harlingen	TX	78550-7312	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
N S	lame of Employer Self-Employed	Occupation Orthodor		
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Derek S.F. Cheng	1		Date of Receipt
M _	Mailing Address 68 Sarah Dr			08 20 7 2008
	Dity	State	Zip Code	Transaction ID: 4642976
<u>C</u>	Crystal Lake	<u> </u>	60014	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		250.00
N S	lame of Employer Self-Employed	Occupation Orthodor		
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Michael J. Erhart	1		Date of Receipt
M _	Mailing Address 2523 Fairbanks Ct.			08 20 2008
	City	State	Zip Code	Transaction ID: 4642977
	Naperville	<u> L</u>	60540	Amount of Each Receipt this Period
fe	EC ID number of contributing ederal political committee.	С		250.00
_	lame of Employer Self-Employed	Occupation Orthodor		
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
				750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 200 / 246 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH			
AMERICAN ACCOUNTION OF CITTI	ODONTIO	OT OLITIOAL AUTION OUN	
Full Name (Last, First, Middle Initial) D. Spencer Pope			Date of Receipt
Mailing Address 1115 Green Glen Ct.			08 20 2008
City	State	Zip Code	Transaction ID: 4642979
New Lenox	IL	60451	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Ronald K. Risinger			Date of Receipt
Mailing Address 8487 IH 10 West			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4642980
Orange	TX	77630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John M. Sleichter			Date of Receipt
Mailing Address 2761 Edgeview Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4646871
Muscatine	<u>IA</u>	52701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	750.00

9	SCHEDULE A (FEC Form 3X)	11	FOR LINE NUMBER: PAGE 201 / 246
	TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	I EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Г	A		13 14 15 16 17
	Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or used by any perso me and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	AMERICAN ASSOCIATION OF ORTHOD	DONTISTS POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. John L. Studer		Date of Receipt
	Mailing Address 5805 Doe Run Ln		08 26 2008
	City	State Zip Code	Transaction ID: 4646872
	Brenham	TX 77833	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Self-Employed	Occupation Orthodontist	
	Receipt For:	Aggregate Year-to-Date ▼	7
	Primary General	250.00	
	Other (specify) ▼	250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Boyd O. Whitlock, III		Date of Receipt
	Mailing Address 427 Riverlyn Dr		M M / D D / Y Y Y Y
	City	State Zip Code	08 26 2008
	Fayetteville	AR 72703	Transaction ID: 4646873  Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	250.00
	Self-Employed 1	Occupation Orthodontist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
- С.	Full Name (Last, First, Middle Initial) Dr. Daniel R. Fiehrer		Date of Receipt
<b>O</b> .	Mailing Address Box 811		M M / D D / Y Y Y Y Y Y O S O S O S O S O S O S O S
	City	State Zip Code	Transaction ID: 4646874
	<u>Helena</u>	MT 59624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Solf Employed	Occupation Orthodontist	
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General Other (specify) ▼	450.00	
			750.00
L	SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	730.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 202 / 246 (check only one)    X
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any persoling the name and address of any political committee to ORTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial)		
Dr. Mary Cay Koen  Mailing Address 101 Hidden Way	Ct	Date of Receipt    M M
City	State Zip Code	Transaction ID: 4646875
Hendersonville	TN 37075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James E. Hatcher	I	Date of Receipt
Mailing Address 147 Inwood Tr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4646876
Madison	AL 35758	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael T. McLaughlin	I	Date of Receipt
Mailing Address 3840 N Woodrid	ge Way	08 26 YYYYY 2008
City	State Zip Code	Transaction ID: 4646877
Flagstaff	AZ 86004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opti	onal)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 203 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Paul W. Reed Mailing Address 929 Michigan St		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	0 8 2 6 2 0 0 8  Transaction ID: 4646879
Petoskey	MI 49770	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert B. Goldman		Date of Receipt
Mailing Address 27 Birch Ct		08 26 2008
City	State Zip Code	Transaction ID: 4646880
Ridgefield	CT 06877	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Joseph K. Buchanan		Date of Receipt
Mailing Address 25 Kemp Ct		0 8 2 6 2 0 0 8
City	State Zip Code	Transaction ID: 4646881
Alamo	CA 94507	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 204 / 246 (check only one)    X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person the name and address of any political committee to STHODONTISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Tarek O. Zaki Mailing Address 1404 N Woodhouse  City	State Zip Code	Date of Receipt    M M M
Virginia Beach  FEC ID number of contributing federal political committee.	VA 23454	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Dr. Wade J. Najem  Mailing Address 4959 Hawkins Rd		Date of Receipt    M   M   D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City Richfield	State Zip Code OH 44286	Transaction ID: 4646883  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	7
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Robert James Bray		Date of Receipt
Mailing Address 255 36th St S		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Brigantine	State Zip Code NJ 08203	Transaction ID: 4646884
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 205 / 246 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	HODONTISTS POLITICAL ACTION COM	//MITTEE
Full Name (Last, First, Middle Initial) Dr. Scott D. Copeland		Date of Receipt
Mailing Address 132 E Broadway		08 26 2008
City Derry	State Zip Code NH 03038	Transaction ID: 4646890  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Ross D. Christensen		Date of Receipt
Mailing Address 1056 Prospect Blvd		08 26 7 2008
City Waterloo	State Zip Code IA 50701	Transaction ID: 4646891
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Lisa Grant		Date of Receipt
Mailing Address 1809 Redwood Ln		08 26 2008
City	State Zip Code	Transaction ID: 4646892
Munster  FEC ID number of contributing federal political committee.	IN 46321	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	only)	

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 206 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH	tatements may not be sold or used by any personame and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Joseph Andrew Dugoni Mailing Address 25808 Lone Fir Lane City West Linn FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code OR 97068  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Todd J. Hughes Mailing Address 23 Culverdale PI  City The Woodlands  FEC ID number of contributing federal political committee.	State Zip Code TX 77382	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)	Occupation Orthodontist  Aggregate Year-to-Date ▼  250.00	]
Dr. Edwin L. Morris  Mailing Address 7635 Chapman Rd  City  Kingsville	State Zip Code MD 21087-1531	Date of Receipt    M   M     D   D     Y   Y   Y   Y   Y   Y   Y
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	Occupation Orthodontist  Aggregate Year-to-Date   250.00	]
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 207 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persor not the name and address of any political committee to support the name and address of any political committee to support the name and address of any political committee to support the name and address of any political action committee to support the name and address of any political action committee the name and address of any political action committee the name and address of any political committee to support the name and address of any political committee to support the name and address of any political committee to support the name and address of any political committee to support the name and address of any political committee to support the name and address of any political committee to support the name and address of any political committee to support the name and address of any political committee to support the name and address of any political committee to support the name and address of any political committee to support the name and address of any political committee to support the name and address of any political committee to support the name and address of any political committee to support the name and address of any political committee the name and address of a support the n	
Full Name (Last, First, Middle Initial) Dr. David R. Behringer  Mailing Address 1366 Ironwood Ct		Date of Receipt
		08 26 2008
City Defiance	State Zip Code OH 43512-2780	Transaction ID: 4646896
FEC ID number of contributing federal political committee.	OH 43512-2780	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Harry O. Rohrer, Jr.	I	Date of Receipt
Mailing Address 19 Grove Terrace		0 8 2 6 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4646897
Sparta  FEC ID number of contributing federal political committee.	NJ 07871	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Lee R. Logan	I	Date of Receipt
Mailing Address 4830 Encino Ave		0 8 2 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Encino	State Zip Code CA 91316	Transaction ID: 4646898  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 208 / 246 (check only one)    X
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORT	HODONTIST	S POLITICAL ACTION CO	MMITTEE
۸.	Pull Name (Last, First, Middle Initial) Dr. George M. Georgelis  Mailing Address 1138 N Bristol Dr			Date of Receipt
	City	State	Zip Code	0 8 2 6 2 0 0 8 Transaction ID: 4646899
	Lititz	PA	17543	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Ronald J. Zamarin			Date of Receipt
	Mailing Address 29600 Heathercliff Ro	d, #154		08 26 2008
	City	State	Zip Code	Transaction ID: 4646900
	Malibu	CA	90265	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) Dr. David G. Sabott			Date of Receipt
	Mailing Address 9615 Avocet Ln			08 26 2008
	City	State	Zip Code	Transaction ID: 4646901
	Lafayette	CO	80026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation	ntist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	•		750.00

# SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 209 / 246 (check only one)    X
A	ny information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
	Full Name (Last, First, Middle Initial) Dr. Salvatore R. Esposito  Mailing Address 351 Klondike Ave  City Staten Island  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General	State NY  C  Occupation Orthodontis  Aggregate Ye	Zip Code 10314 st ear-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  0 8 2 6 2 0 0 8  Transaction ID: 4646903  Amount of Each Receipt this Period  250.00
_	Other (specify)  Full Name (Last, First, Middle Initial) Dr. Steven P. Hearne Mailing Address 5000 Gardner Ln City	State	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	Suffolk  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	Occupation Orthodontis Aggregate Ye	23434  st ear-to-Date ▼  250.00	Amount of Each Receipt this Period  250.00
	Full Name (Last, First, Middle Initial) Dr. Stephen L. Sherman Mailing Address 422 Highland Crossing City Baton Rouge FEC ID number of contributing federal political committee.	State LA	Zip Code 70810	Date of Receipt  M M M / D D O Y Y Y Y Y Y  0 8 2 6 2 0 0 8  Transaction ID: 4646906  Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontis Aggregate Ye	st ear-to-Date ▼ 250.00	
Ę	SUBTOTAL of Receipts This Page (optional)	I		750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 210 / 246 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	v not be sold or used by any persoldress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF OF	RTHODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Donna J. Stenberg			Date of Receipt
Mailing Address 14575 N 119th St	Ctata	7:a Cada	08 26 2008
City	State MN	Zip Code	Transaction ID: 4646907
Stillwater  FEC ID number of contributing federal political committee.	C	55082	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio		-
	Orthodor		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
Other (specify)	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. David A. Eichel			Date of Receipt
Mailing Address 7500 Fernwod Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4646908
Cincinnati	OH	45237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Christopher S. Hydo			Date of Receipt
Mailing Address 849 Avocado PI			08 26 2008
City	State	Zip Code	Transaction ID: 4646909
Del Mar	CA	92014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
			750.00

				_
	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 211 / 246 (check only one)
			Detailed Summary Page	13 14 15 16 17
	Any information copied from such Reports and State for commercial purposes, other than using the r	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTHO	DDONTIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Joseph K. Vargo			Date of Receipt
	Mailing Address 25 Forest Meadow Dr S	W		08 26 7 2008
	City	State	Zip Code	Transaction ID: 4646910
	Rome	GA	30165	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. S. Russell Mullen			Date of Receipt
	Mailing Address 43093 Candlewick Sq			08 26 YYYYY 2008
	City	State	Zip Code	Transaction ID: 4646911
	Leesburg	VA	20176	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		250.00	
- С.	Full Name (Last, First, Middle Initial) Dr. Nahid Maleki			Date of Receipt
	Mailing Address 8800 Bel Air Pl			08 26 2008
	City	State	Zip Code	Transaction ID: 4646912
	Potomac	MD	20854-1603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodox		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)		······	750.00
L	,		<u>*</u>	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 212 / 246 (check only one)    X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Brett Gluck Mailing Address 3595 Newport Bay		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City Alpharetta FEC ID number of contributing	State Zip Code GA 30005	Transaction ID: 4646913  Amount of Each Receipt this Period  250.00
Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Dr. D. William Lange Mailing Address 8360 Shawnee Ru	n Rd	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4646914
Cincinnati	OH 45243	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jon J. Sisulak		Date of Receipt
Mailing Address 8515 S Deerwood	Ln	08 26 7 2008
City Franklin	State Zip Code WI 53132	Transaction ID: 4646915
FEC ID number of contributing federal political committee.	WI 53132	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 213 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ind Statements may not be sold or used by any pers g the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	TITIODON TISTOT GETTICAL ACTION GOI	WINNI I I LL
Full Name (Last, First, Middle Initial) Dr. Michele Laboda		Date of Receipt
Mailing Address 13617 Pine Villa La		08 26 7 2008
City	State Zip Code	Transaction ID: 4646917
Fort Myers	FL 33912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Kelly Collins		Date of Receipt
Mailing Address 2018 Cornoustie C	it .	0 8 2 6 2 0 0 8
City	State Zip Code	Transaction ID: 4646918
Fourt Mill	SC 29707-7763	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Kristin R. Lundquist		Date of Receipt
Mailing Address 61 Pine St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4646923
<u>Mahtomedi</u>	MN 55115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each cat	te schedule(s) tegory of the mmary Page	FOR LINE NUMBER: PAGE 214 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
AMERICAN ASSOCIATION OF ORT	HODONTISTS POLITICA	L ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) Dr. John Michael Tilghman			Date of Receipt
Mailing Address 26852 Robert Burns I			09 02 2008
City <u>Sa</u> lisbury	State Zip Code MD 21801		Transaction ID: 4656592  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-Employed	Occupation Orthodontist		_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	250.00	
Full Name (Last, First, Middle Initial) Dr. Jennifer L. Martin Mailing Address 42 Gentle Creek Pl	1		Date of Receipt
- 42 Gentle Creek Pl			09 02 7 2008
City	State Zip Code		Transaction ID: 4656593
Danville  FEC ID number of contributing federal political committee.	CA 94526	1 1	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	500.00	
Full Name (Last, First, Middle Initial) Dr. Timothy J. Tremont	1		Date of Receipt
Mailing Address 3 Concord Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID: 4656594
McKeesport  FEC ID number of contributing federal political committee.	PA 15135-31	09	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	₹ 250.00	
SUBTOTAL of Receipts This Page (optional)	1		750.00
SUBTOTAL of Receipts This Page (optional) a		<u>·</u> _	750

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 215 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to THODONTISTS POLITICAL ACTION CO	son for the purpose of soliciting contributions to solicit contributions from such committee.
AMERICAN ASSOCIATION OF OR	THODONTISTS POLITICAL ACTION CO	IVIIVII I I EE
Full Name (Last, First, Middle Initial) Dr. Mary Paula Zaytoun		Date of Receipt
Mailing Address 809 Lakestone Dr	7.0.4	09 02 2008
City Raleigh	State Zip Code NC 27609	Transaction ID: 4656596
FEC ID number of contributing federal political committee.	C 2/809	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Henry S. Zaytoun, Jr.  Mailing Address 325 Buncombe St		Date of Receipt  0 9 0 2 2 0 0 8
City	State Zip Code	0 9 0 2 2 0 0 8 Transaction ID: 4656597
Raleigh	NC 27609	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Henry S. Zaytoun, Sr.		Date of Receipt
Mailing Address 3353 Alleghany Dr		09 02 YYYYY 2008
City	State Zip Code	Transaction ID: 4656598
Raleigh	NC 27609-6903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 216 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH	atements may not be sold or used by any personame and address of any political committee to  ODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Jeffrey W. Ball Mailing Address 3903 Hazel Glade Ct		Date of Receipt
City	State Zip Code	0 9 0 2 2 0 0 8 Transaction ID: 4656599
<u>Houston</u>	TX 77059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Melissa Wilson Venrick		Date of Receipt
Mailing Address 1055 Willow Creek Cir		09 / 02 / 2008
City Longmont	State Zip Code CO 80503	Transaction ID: 4656600
FEC ID number of contributing federal political committee.	C 30303	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kirk D. Satrom		Date of Receipt
Mailing Address 1 Lorien Ct		09 02 7 2008
City O'Fallon	State Zip Code IL 62269	Transaction ID: 4656601  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Crieck Orlly Orle)
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORTH	IODONTISTS POLITICAL ACTION	COMMITTEE
	Full Name (Last, First, Middle Initial) Dr. William D. Neale		Date of Receipt
	Mailing Address 21 Paradise Point Rd  City	State Zip Code	M M O 9 O 2 O 0 8  Transaction ID: 4656604
	Shalimar	FL 32579	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Meredith Lynn Quimby		Date of Receipt
	Mailing Address 9000 Masters Ct		09 / 02 / 4 2008
	City	State Zip Code	Transaction ID: 4656605
	Waxhaw	NC 28173	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Dennis Joseph Flanagan		Date of Receipt
	Mailing Address 2376 Malmaison Rd		09 / 02 / 4 2008
	City	State Zip Code	Transaction ID: 4656606
	Belvidere	IL 61008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 218 / 246 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
AMERICAN ASSOCIATION OF ORTH	IODON 11813	S POLITICAL ACTION CON	MINITIEE
Full Name (Last, First, Middle Initial) Dr. C. Tradd Harter			Date of Receipt
Mailing Address 1130 Derby Ln			09 02 2008
City	State	Zip Code	Transaction ID: 4656608
Watkinsville	GA	30677	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard S. Nichols			Date of Receipt
Mailing Address PO Box 1021			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4656609
Manhattan	MT	59741	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Raymond J. McMullen, Jr.			Date of Receipt
Mailing Address 2327 Nottingham Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4656610
Naperville	<u>IL</u>	60565	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	I	<b>&gt;</b>	750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 219 / 246 (check only one)    X
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers	on for the purpose of soliciting contributions
<b> </b>	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTH	HODONTIST	TS POLITICAL ACTION COI	MMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Richard D. Bloomstein			Date of Receipt
	Mailing Address 9 Penwood Road			09 02 YYYY 2008
	City	State	Zip Code	Transaction ID: 4656611
	<u>Livingston</u>	NJ	07039-2607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodox		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Gary O. Inman	<b>I</b>		Date of Receipt
	Mailing Address 338 Briarwood Cir			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 4656612
	Elizabethtown	KY	42701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. Patrick M. Ohlenforst	1		Date of Receipt
	Mailing Address 3808 Acapulco Ct			09 02 2008
	City	State	Zip Code	Transaction ID: 4656615
	Irving	TX	75062-6518	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1000.00
	arria or recorpto rino rago (optional)			

TOTAL This Period (last page this line number only) .....

 $\triangleright$ 

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 220 / 246 (check only one)    X   11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to HODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Jeffrey B. Leiss Mailing Address 3372 Conestoga Rd  City Glenmore  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code PA 19343  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Nicholas P. Mellion Mailing Address 8715 Baneberry Cir N  City Clinton  FEC ID number of contributing federal political committee.	State Zip Code OH 44216	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Donald Ray Montano Mailing Address 5812 Alfred Harrell H	•	Date of Receipt  0 9 0 2 2 0 0 8
City  Bakersfield  FEC ID number of contributing federal political committee.	State Zip Code CA 93308	Transaction ID: 4656619  Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 221 / 246 (check only one)  X 11a 11b 11c 12
Any information for for comm	ation copied from such Reports and Sta nercial purposes, other than using the r	atements may name and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
1 \	OF COMMITTEE (In Full) ICAN ASSOCIATION OF ORTHO	ODONTISTS	S POLITICAL ACTION COM	IMITTEE
A. Dr. Mich	ne (Last, First, Middle Initial) ael Harley Sebastian			Date of Receipt
Mailing A	Address 1035 Angelo Ct			09 02 2008
City		State	Zip Code	Transaction ID: 4656620
<u>Atlanta</u>	a .	GA	30319	Amount of Each Receipt this Period
	number of contributing political committee.	C		250.00
Name of Self-Em	f Employer ployed	Occupation Orthodon		
	For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	ne (Last, First, Middle Initial) ard T. Jones			Date of Receipt
Mailing A	Address 17720 13th Ave NW			0 9 0 2 2 0 0 8
City		State	Zip Code	Transaction ID: 4656623
<u>Shorel</u>		WA	98177	Amount of Each Receipt this Period
	number of contributing political committee.	C		250.00
Name of Self-Em	f Employer nployed	Occupation Orthodon		
Receipt		Aggregate	Year-to-Date ▼	
	rimary		250.00	
	ne (Last, First, Middle Initial) emarie Motal Middleton			Date of Receipt
Mailing A	Address 26300 FM 1097 W			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 4656624
<u>Montgo</u>		TX	77356	Amount of Each Receipt this Period
	number of contributing political committee.	C		250.00
Name of Self-Em	f Employer poloyed	Occupation Orthodon		
	For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTA	AL of Receipts This Page (optional)		<b>→</b>	750.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 222 / 246 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	THODONTIST	S POLITICAL ACTION COM	иміттее
Full Name (Last, First, Middle Initial) Dr. G. Michael Kabot			Date of Receipt
Mailing Address 2626 W Long Lake	Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4656626
West Bloomfield	MI	48323	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:		Year-to-Date ▼	1
Primary General Other (specify) ▼	, iggi ogalo	500.00	
Full Name (Last, First, Middle Initial) Dr. Timothy J. Sheehan	I		Date of Receipt
Mailing Address 604 N 65th Street			0 9 0 2 2 0 0 8
City	State	Zip Code	Transaction ID: 4656627
Omaha	NE	68132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Dennis D. Sommers			Date of Receipt
Mailing Address 1418 Cook Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4656628
Minot	ND	58701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 223 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  on for the purpose of soliciting contributions
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF OR	the name and addr	ress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Fereidoon Attarzadeh Mailing Address 981 Pleasant St			Date of Receipt
			09 02 2008
City Canton	State MA	Zip Code 02021-3429	Transaction ID: 4656629
FEC ID number of contributing federal political committee.	C	02021-3429	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodont		
Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Robert A. Bobic			Date of Receipt
Mailing Address 2630 Illinois Avenue			09 / 04 / 2008
City South Gate	State CA	Zip Code 90280	Transaction ID: 4662348
FEC ID number of contributing federal political committee.	C	90200	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodont		
Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Ronald E. Unterseher			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4662349  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodont		7
Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	)		750.00

SCHEDULE A (FEC F	orm 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 224 / 246 (check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such or for commercial purposes, other	Reports and Statements ma than using the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In FU AMERICAN ASSOCIATIO	,	S POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle II Dr. David L. Forrest	nitial)		Date of Receipt
Mailing Address 802 Rivers	side Dr		09 04 2008
City	State	Zip Code	Transaction ID: 4662350
Newport News	VA	23606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodo		
Receipt For:  Primary Genera  Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle III Dr. Christina M. Martin	nitial)		Date of Receipt
Mailing Address 8424 Boxv	vood Dr		0 9 0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 4662351
<u>Tampa</u>	FL	33615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodo		
Receipt For:  Primary Genera  Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle III	nitial)		Date of Receipt
Mailing Address 5205 N Lir	nn Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Oklahoma City	State OK	Zip Code 73112	Transaction ID: 4662352  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodo		
Receipt For:  Primary Genera  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Pag	ge (optional)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 225 / 246 (check only one)    X
or 1	for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORT	HODONTISTS POLITICAL ACTION COM	MMITTEE
<u>/</u>	Full Name (Last, First, Middle Initial) Dr. Charles C. Low		Date of Receipt
	Mailing Address 1824 Via Del Rey		09 04 2008
	City South Pasadena	State Zip Code CA 91030	Transaction ID: 4662354
	FEC ID number of contributing federal political committee.	CA 91030	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. James C. Lyles		Date of Receipt
	Mailing Address 133 April Point Dr S	09 04 2008	
	City	State Zip Code	Transaction ID: 4662355
	Montgomery	TX 77356-5853	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
	Full Name (Last, First, Middle Initial) Dr. James E. Paschal, Jr.	1	Date of Receipt
	Mailing Address 1050 Sugar Creek Ch	09 / 04 / 2008	
	City	State Zip Code	Transaction ID: 4662358
	Madison FEC ID number of contributing federal political committee.	GA 30650	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional).		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 226 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to THODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. R. Sims Tompkins Mailing Address 727 Spring Lake Rd		Date of Receipt    M
City	State Zip Code	Transaction ID: 4662359
Columbia  FEC ID number of contributing federal political committee.	SC 29206	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   400.00	
Full Name (Last, First, Middle Initial) Dr. Douglas N. Smith Mailing Address PO Box 21		Date of Receipt  0 9 1 2 2 0 0 8
City Saegertown FEC ID number of contributing	State Zip Code PA 16433	Transaction ID: 4679586  Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) Dr. James W. Dougherty Mailing Address 206 Westchester Dr		Date of Receipt
City Griffin	State Zip Code GA 30223	Transaction ID: 4679587  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	)	750.00

Any info			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
NAM	ormation copied from such Reports and Stommercial purposes, other than using the ME OF COMMITTEE (In Full) ERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions of solicit contributions from such committee.
Full	Name (Last, First, Middle Initial)		31 OLITICAL ACTION CON	
	Edna C. Galarza ing Address URB Paseo Los Robles Calle Bartolo Rivera #1			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	2 22 2 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	State	Zip Code	Transaction ID: 4679588
<u>May</u>	yaguez	PR	00680	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		250.00
Nam Self-	ne of Employer -Employed	Occupation Orthodon		
Rece	eipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) Herbert M. Hughes			Date of Receipt
Maili 	ing Address 1209 Burtonwood Ct	09 / 12 / 2008		
City		State	Zip Code	Transaction ID: 4681724
<u>Ale</u>	xandria	VA	22307	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	С		250.00
Nam Self	ne of Employer -Employed	Occupation Orthodon		
Rece	eipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) Vichael Messana			Date of Receipt
Maili	ing Address 42 Locust Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 4681725
<u>Eas</u>	st Ruthrford	NJ	07073	Amount of Each Receipt this Period
	CID number of contributing praint political committee.	С		250.00
Nam Self-	ne of Employer -Employed	Occupation Orthodon		
Rece	eipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBT	OTAL of Receipts This Page (optional)			750.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 228 / 246 (check only one)    X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political action continuous properties.	
Full Name (Last, First, Middle Initial) Dr. Howard A. Fine  Mailing Address 9 Sullivan Rd  City Goldens Bridge  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code NY 10526  C  Occupation Orthodontist  Aggregate Year-to-Date ▼  250.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Dr. Donald L. Feldman Mailing Address 10 N Hill Dr  City Lynnfield FEC ID number of contributing federal political committee.	State Zip Code MA 01940	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Name of Employer Self-Employed  Receipt For:  □ Primary □ General  □ Other (specify) ▼  Full Name (Last, First, Middle Initial)	Occupation Orthodontist  Aggregate Year-to-Date ▼  450.00	]
Dr. Robert N. Pickron  Mailing Address 5265 Chelsen Woods  City	S Dr State Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Duluth  FEC ID number of contributing federal political committee.	GA 30097	Amount of Each Receipt this Period
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date ▼  2000.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 229 / 246 (check only one)    X   11a		
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to			
AMERICAN ASSOCIATION OF OF	RTHODONTISTS POLITICAL ACTION COM	MITTEE		
Full Name (Last, First, Middle Initial) Dr. Petra Schubert		Date of Receipt		
Mailing Address 3801 Purdue  City	State Zip Code	0 9 1 2 2 0 0 8 Transaction ID: 4681729		
Dallas	TX 75225	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]		
Full Name (Last, First, Middle Initial) Dr. Paul J. Karl		Date of Receipt		
Mailing Address 4446 Hickory Grove	Mailing Address 4446 Hickory Grove Ct			
City	State Zip Code	Transaction ID: 4681732		
<u>Ada</u>	MI 49301	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Myron S. Graff		Date of Receipt		
Mailing Address 18822 Rue Loire		0 9 1 2 2 0 0 8		
City	State Zip Code	Transaction ID: 4681733		
Lutz FEC ID number of contributing federal political committee.	FL 33558	Amount of Each Receipt this Period 250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional	· I)	750.00		
TOTAL This Period (last page this line num	ber only)			

SCHEDULE A (FEC Form STEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 230 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persoing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN ASSOCIATION OF	ORTHODONTISTS POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. J. Dean Jensen  Mailing Address 5881 Versailles A	Nyo	Date of Receipt
		09 12 2008
City <u>Frisco</u>	State Zip Code TX 75034	Transaction ID: 4681735
FEC ID number of contributing federal political committee.	C 75054	Amount of Each Receipt this Period  1000.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Eric R. Overby		Date of Receipt
Mailing Address 1000 8th Ave NV	V	09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4681736
Austin  FEC ID number of contributing federal political committee.	MN 55912	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Dennis C. Hiller		Date of Receipt
Mailing Address 93 Hiller Rd PO Box 518		09 12 / Y Y Y Y Y
City Jackson	State Zip Code NH 03846-0518	Transaction ID: 4681737  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	onal)	2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 231 / 246   (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF OF			
Full Name (Last, First, Middle Initial) Dr. Robert D. Calcote			Date of Receipt
Mailing Address 1533 Fairway Dr	-		
City	State	Zip Code	0 9 1 2 2 0 0 8 Transaction ID: 4681739
Charleston	SC	29412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Charles F. Bohl			Date of Receipt
Mailing Address 19125 Alta Vista Dr	٢		09 12 2008
City	State	Zip Code	Transaction ID: 4681740
Brookfield	WI	53045-4884	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)			D. (D. )
Dr. Bernard I. Barrish  Mailing Address 24 Tammy Hill Trai	I		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: 4681741
Randolph	NJ	07869-4555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 232 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to THODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Frank J. Stich, III		Date of Receipt
Mailing Address 524 Wales Ct		09 12 2008
City	State Zip Code	Transaction ID: 4681742
Coppell	TX 75019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jacqueline R. Moroco-Maloney		Date of Receipt
Mailing Address 239 Palm Trl		M M / D D / Y Y Y Y Y O S
City	State Zip Code	Transaction ID: 4681743
Delray Beach	FL 33483	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Walter L. Stewart		Date of Receipt
Mailing Address 1094 Cammeron Mi	II Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4681744
<u>Lagrange</u>	GA 30240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	)	750.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 233 / 246 (check only one)    X   11a
or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any personing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. C. Jeffrey Bowman		Date of Receipt
Mailing Address 10146 Greenswa	ard Link	0 9 1 2 2 0 0 8
City	State Zip Code	Transaction ID: 4681746
ljamsville  FEC ID number of contributing federal political committee.	MD 21754	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	]
Full Name (Last, First, Middle Initial) Dr. Michael Parker		Date of Receipt
Mailing Address 38 Springfield Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4681747
Voorheesville  FEC ID number of contributing federal political committee.	NY 12186	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) Dr. Peggy Harris Augustine		Date of Receipt
Mailing Address 5630 Roaring Bra	anch Rd	0 9 1 2 2 0 0 8
City Columbus	State Zip Code GA 31904	Transaction ID: 4681748  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	7
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optic	onal)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 234 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	
` '	HODONTISTS POLITICAL ACTION COI	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Michael W. Naborowski		Date of Receipt
Mailing Address 34 Mockingbird Ln		09 12 2008
City	State Zip Code	Transaction ID: 4681750
Oak Brook	IL 60523	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Barry M. Katzen		Date of Receipt
Mailing Address 29 Scenic Dr		0 9 1 2 2 0 0 8
City	State Zip Code	Transaction ID: 4681751
Ashland	OR 97520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. William R. Beam		Date of Receipt
Mailing Address 1530 W Melrose		0 9 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State Zip Code IL 60657	Transaction ID: 4681752  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  Any information copied from such Reports and	for each category of the Detailed Summary Page  d Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 235 / 246 (check only one)    X
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF OR	the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. John J. Haze  Mailing Address 416 Millbrook Ave		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4697481
Randolph  FEC ID number of contributing federal political committee.	NJ 07869	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Andrew B. Brown  Mailing Address 1102 Wyndegate Dr		Date of Receipt
City	State Zip Code	0 9 1 7 2 0 0 8 Transaction ID: 4697482
Orange Park  FEC ID number of contributing federal political committee.	FL 32073	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert C. Ferris  Mailing Address 5 Beachway		Date of Receipt  0 9 1 7 2 0 0 8
City Port Washington	State Zip Code NY 11050	Transaction ID: 4697483  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional	)	750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 236 / 246 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee the HODONTISTS POLITICAL ACTION CO	
Full Name (Last, First, Middle Initial) Dr. David Markham Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:	State Zip Code  C  Occupation Orthodontist  Aggregate Year-to-Date ▼	Date of Receipt  0 9 25 2008  Transaction ID: 4710561  Amount of Each Receipt this Period  250.00
Primary General Other (specify)	Aggregate Year-to-Date V	
Dr. Roger W. Triftshauser  Mailing Address 63 Ellicott Ave		Date of Receipt    M
City	State Zip Code	Transaction ID: 4710562
Batavia FEC ID number of contributing federal political committee.	NY 14020-2028	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	Occupation Orthodontist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Richard J. Anthony		Date of Receipt
Mailing Address 1180 Cheshire Circle		09 25 2008
City Danville	State Zip Code CA 94506	Transaction ID: 4710563
FEC ID number of contributing federal political committee.	CA 94506	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 237 / 246 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORT			
Full Name (Last, First, Middle Initial) Dr. Daniel Kelly			Date of Receipt
Mailing Address 566 Lake Ridge Dr			09 25 2008
City	State	Zip Code	Transaction ID: 4710566
South Elgin  FEC ID number of contributing federal political committee.	C	60177	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael D. Williams			Date of Receipt
Mailing Address 130 Cedar Woods Tr	rail		09 / 25 / Y Y Y Y
City	State	Zip Code	Transaction ID: 4710568
Canton  FEC ID number of contributing federal political committee.	GA C	30014	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Corey J. Teguis			Date of Receipt
Mailing Address 3 Orchard Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Kennebunk</u>	State ME	Zip Code 04043	Transaction ID: 4710570  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:  Primary General  Other (specify) ▼	<del>- ' '</del>	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		<b>_\</b>	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 238 / 246 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORT			
Full Name (Last, First, Middle Initial) Dr. Paul D. Regan			Date of Receipt
Mailing Address 32834 Snowshoe Rd			09 25 2008
City	State	Zip Code	Transaction ID: 4710571
<u>Evergreen</u>	CO	80439-8744	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation		
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Clifford E. Campbell			Date of Receipt
Mailing Address 2117 Miller Landing F	Rd		0 9 2 5 2 0 0 8
City	State	Zip Code	Transaction ID: 4710612
<u>Tallahassee</u>	<u> </u>	32312-9000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William Norman Prillaman, II			Date of Receipt
Mailing Address 1353 Thompson Ln			0 9 2 5 2 0 0 8
City	State	Zip Code	Transaction ID: 4710613
Forest  FEC ID number of contributing federal political committee.	C	24551-4283	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation		
Receipt For: Primary General Other (specify)	Orthodor Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .	<u> </u>		750.00

	COUEDINE A /EFO Farm OV	Γ		FOR LINE NUMBER: PAGE 239 / 246
,	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED	ITEMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	
Г		L		13 14 15 16 17
	Any information copied from such Reports and Stat or for commercial purposes, other than using the na	tements may ame and addı	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTHO	DONTISTS	S POLITICAL ACTION COM	IMITTEE
Δ. Α.	Full Name (Last, First, Middle Initial) Dr. Ken Fischer			Date of Receipt
Λ.	Mailing Address			M M / D D / Y Y Y Y
				09 26 2008
	City	State	Zip Code	Transaction ID: 4711222
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		7
	Sell-Employed	Orthodont	tist	
	Receipt For:	Aggregate '	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0	200.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Mary Concepta Cooke			Date of Receipt
О.	Mailing Address			<b>─</b>
	waiii g Address			09 26 2008
	City	State	Zip Code	Transaction ID: 4711223
				Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		7
		Orthodont		_
	Receipt For: Primary General	Aggregate `	Year-to-Date ▼	
	Other (specify) ▼		250.00	
-	Full Name (Last, First, Middle Initial)			
C.	Dr. Imad Shammaa			Date of Receipt
	Mailing Address 11 Hawkesyard Ln			09 26 2008
	City	State	Zip Code	Transaction ID: 4711224
	Charleston	WV	25311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodont		
	Receipt For:		Year-to-Date ▼	7
	Primary General	33.084.0		1
	Other (specify) ▼		250.00	
Γ				
	SUBTOTAL of Receipts This Page (optional)			750.00
Ļ				

SCHEDULE A (FEC FITEMIZED RECEIPTS	for each	parate schedule(s) h category of the d Summary Page  FOR LINE NUMBER: PAGE 240 / 246 (check only one)  X 11a 11b 11c 12
Any information copied from such or for commercial purposes, other	Reports and Statements may not be so than using the name and address of an	Id or used by any person for the purpose of soliciting contributions y political committee to solicit contributions from such committee.
NAME OF COMMITTEE (In F	<u> </u>	
Full Name (Last, First, Middle Dr. Thomas G. Rice	,	Date of Receipt
Mailing Address 27 Washii	ngton St	09 26 2008
City	State Zip C	ode Transaction ID: 4711225
<u>Bath</u>	ME 0453	0 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-D	ate ▼ 250.00
Full Name (Last, First, Middle Dr. William M. Kelly	nitial)	Date of Receipt
Mailing Address 4N224 Fe	rson Ck Rd	09 / 26 / 2008
City	State Zip C	Transaction 121
St Charles		4-1127 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General	Aggregate Year-to-D	ate 🔻
Primary General Other (specify) ▼		250.00
Full Name (Last, First, Middle Dr. Charles J. Ruff	nitial)	Date of Receipt
Mailing Address 5 Thomas	Dr	09 / 30 / 2008
City <u>Waterville</u>	State Zip C ME 0490	Tanous III
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-D	
canal (openally) 🔻		250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 241 / 246 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to DRTHODONTISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Emma M. DiCarlo		Date of Receipt
Mailing Address 4517 Ihles Rd		09 30 2008
City	State Zip Code	Transaction ID: 4715400
Lake Charles	LA 70605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Randall P. Rigsby Mailing Address 2344 Arriviste Wa	av.	Date of Receipt
Walling Address 2344 Alliviste Wa	ıy	09 30 2008
City	State Zip Code	Transaction ID: 4715401
Pensacola	FL 32504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John W. Pitner		Date of Receipt
Mailing Address 220 Williamstown	ı Way	09 30 2008
City Columbia	State Zip Code SC 29212	Transaction ID: 4715522  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (option	nal)	750.00
TITLE STREET, THE TAGE (OPTION		189075.00

CHEDULE B (FEC Form 3X)	Use separate schedule(s)	Jse separate schedule(s)  FOR LINE NUMBER: (check only one)		PAGE 242 / 246	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 36	
ny Information copied from such Reports and State for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTHO	DONTISTS POLITICAL ACT	ГІОП СОММ	ITTEE		
Full Name (Last, First, Middle Initial) Friends of Sam Johnson			Transaction ID: Date of Disbursem		
Mailing Address PO Box 860096			$0^{M}7^{M}$ $^{\prime}$ $24^{M}$	<sup>Y</sup> 2008	
City Plano	State Zip Code TX 75086		Amount of Each D	isbursement this Period	
Purpose of Disbursement		011		5000.00	
Candidate Name Sam Johnson		Category/ Type			
Office Sought: X House Disbur Senate President State: TX District: 03	sement For: 2008 Primary X General Other (specify)				
Full Name (Last, First, Middle Initial) Thelma Drake for Congress			Transaction ID: Date of Disbursem		
Mailing Address PO Box 61480			07  31	2008	
City Virginia Beach	State Zip Code VA 23466		Amount of Each D	isbursement this Period	
Purpose of Disbursement		011		5000.00	
Candidate Name Thelma Drake	'	Category/ Type			
Office Sought:  X House Senate President State: VA District: 02	sement For: 2008 Primary X General Other (specify)				
Full Name (Last, First, Middle Initial) Capito for Congress			Transaction ID: Date of Disbursem		
Mailing Address PO BOX 11519			07  31	<sup>'</sup> <sup>Y</sup> <sup>Y</sup> 2008 <sup>Y</sup>	
City Charleston	State Zip Code WV 25339		Amount of Each D	isbursement this Period	
Purpose of Disbursement		011		5000.00	
Candidate Name Shelley Capito		Category/ Type			
Office Sought: X House Disbur Senate President State: WV District: 02	sement For: 2008 Primary X General Other (specify)				
SUBTOTAL of Disbursements This Page (optional	)	<b>&gt;</b>		15000.00	
FOTAL This Period (last page this line number onl					

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N		PAGE 243 / 246		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only of 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30b		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)	e and address of any political col	Tillillee to soil	at contributions from s	uch committee		
AMERICAN ASSOCIATION OF ORTHOD	ONTISTS POLITICAL ACTI	ON COMMIT	TTEE			
Full Name (Last, First, Middle Initial) Pallone For Congress			<b>Transaction ID:</b> 45 Date of Disbursement			
Mailing Address PO Box 3176			07	2008		
City Long Branch	State Zip Code NJ 07740		Amount of Each Disk	oursement this Period		
Purpose of Disbursement		011		5000.00		
Candidate Name Rep. Frank Pallone, Jr.		Category/ Type				
Senate President	ment For: 2008 Primary X General Other (specify) ▼					
State: NJ District: 06  Full Name (Last, First, Middle Initial)						
John McCain 2008			Date of Disbursemer	nt		
Mailing Address PO Box 16118			0 7 3 1	2008		
,	State Zip Code VA 22215		Amount of Each Disl	oursement this Period		
Purpose of Disbursement		011		5000.00		
Candidate Name John McCain 2008	C	Category/ Type				
Senate X X President	ment For: 2008 Primary General Other (specify)					
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: 4	 591 <i>2</i> 54		
National Republican Congressional Comm	ittee		Date of Disbursemen	nt		
Mailing Address 320 First Street, SE				2008		
City Washington	State Zip Code DC 20003		Amount of Each Disl	oursement this Period		
Purpose of Disbursement		011		15000.00		
Candidate Name		Category/ Type				
Office Sought:  Senate  President  State:  Disburse	ment For: Primary General Other (specify)					
SUBTOTAL of Disbursements This Page (optional)				25000.00		
TOTAL This Period (last page this line number only)						

SC	SCHEDULE B (FEC Form 3X)  Use separa		(s)	-	E NUMBER: PAGE 244 / 246			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	)	(check only 21b 27	y one) 22   X 23 28a   28		25 29	$\frac{2}{3}$
	y Information copied from such Reports and Sta or commercial purposes, other than using the na							5
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHO					S HOIN GUOIT		
<u> </u>	Full Name (Last, First, Middle Initial) Team Emerson				Transaction Date of Disb		624	
	Mailing Address PO Box 822				08 /	07 /	ŽOĎE	3 Y
	City Cape Girardeau	State Zip Code MO 63701			Amount of E	ach Disburs		-
	Purpose of Disbursement  Candidate Name			011			1000.00	J
	Jo Ann Emerson	rsement For: 2008		Category/ Type				
	Senate President State: MO District: 08	Primary X Genera Other (specify) ▼	al					
	Full Name (Last, First, Middle Initial) Kuhl For Congress				<b>Transaction</b> Date of Disb	ursement		
	Mailing Address 10 Ganesvoort Street Suite 101				08 /	19	žoŏs	3 Y
	City Bath	State Zip Code NY 14810			Amount of E	ach Disburs		
	Purpose of Disbursement  Candidate Name			011 Category/			5000.00	)
	Rep. John Kuhl, Jr.			Туре				
	Office Sought: X House Disbution Senate President State: NY District: 29	x Primary General Other (specify)	al					
	Full Name (Last, First, Middle Initial) Lynn Jenkins for Congress				Transaction Date of Disb	ursement	684	
	Mailing Address PO Box 1441				09	15	žoŏs	3 Y
	City Topeka	State Zip Code KS 66601			Amount of E	ach Disburs		
	Purpose of Disbursement  Candidate Name			011 Category/	L		5000.00	J
	Office Sought:  X House Senate President State: OK District: 02	rsement For: 2008 Primary X Genera Other (specify)	al	Туре				
	Olato. On District. UZ							

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	e(s) FOR LINE NUMBER: PAC		PAGE 245 / 246
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30l
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTHOD	ONTISTS POLITICAL AC	CTION COMM	ITTEE	
Full Name (Last, First, Middle Initial) Cathy McMorris for Congress			Transaction ID: Date of Disbursen	
Mailing Address PO Box 137			09 / 15	2008
City Spokane	State Zip Code WA 99210		Amount of Each D	Disbursement this Period
Purpose of Disbursement  Candidate Name		011		5000.00
	ment For: 2008	Category/ Type		
Senate President	Primary X General Other (specify)			
State: WA District: 05  Full Name (Last, First, Middle Initial)  People for English			Transaction ID:	
People for English  Mailing Address PO Box 1940			Date of Disbursen	
City Erie	State Zip Code PA 16507		Amount of Each D	Disbursement this Period
Purpose of Disbursement	PA 16507	011		2000.00
Candidate Name Phil English		Category/ Type		
Office Sought:  X House Senate President State: PA District: 03	ment For: 2008 Primary X General Other (specify)			
Full Name (Last, First, Middle Initial) Gerlach for Congres			Transaction ID: Date of Disbursen	
Mailing Address 631 N. Pottstown Pike			09 / 15	2008
Exton	State Zip Code PA 19341		Amount of Each D	Disbursement this Period
Purpose of Disbursement  Candidate Name		011		5000.00
Jim Gerlach	ment For: 2008	Category/ Type		
Senate President State: PA District: 06	Primary X General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)				12000.00
TOTAL This Period (last page this line number only)				

В.

President

District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only		PAGE 246 / 246		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 :	24 25 26 28c 29 30b		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)	, and address of any pointed to			2011 00111111111100		
AMERICAN ASSOCIATION OF ORTHOD	ONTISTS POLITICAL AC	TION COMM	ITTEE			
Full Name (Last, First, Middle Initial)			Transaction ID: 46	83688		
Friends of Mark Warner			Date of Disbursemen			
Mailing Address 1029 North Royal Street			09 / 15	2008		
7	State Zip Code		Amount of Each Disb	ursement this Period		
	VA 22314			F000 00		
Purpose of Disbursement		011		5000.00		
Candidate Name		Category/ Type				
Office Sought:    House   Disburse     X Senate     President     State: VA District:	ment For: 2008 Primary X General Other (specify)					
Full Name (Last, First, Middle Initial) Friends of Kent Conrad			Transaction ID: 46 Date of Disbursement			
Mailing Address PO Box 812			09 / 15	2008		
	State Zip Code ND 58502		Amount of Each Disb			
Purpose of Disbursement		011		1000.00		
Candidate Name Kent Conrad		Category/ Type				
Office Sought: House Disburse X Senate	ment For: 2008 Primary X General					

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	6000.00
TOTAL This Period (last page this line number only)	•	69000.00

Other (specify)

State: ND